

Pediatric AFO Order Form

Facility: _____
 Address: _____
 Phone: (____) _____ - _____
 Patient: _____
 Weight: _____ Age: _____ Gender: _____
 Shoe Size: _____ Type: _____
 Practitioner Name/Phone: _____

Lab Use Only

DI: ___ / ___ / ___
 Order #: _____

ALL CASTS MUST BE 1" HIGHER THAN DESIRED BRACE HEIGHT

Modifications

LEFT RIGHT BI-LATERAL _____ FINISHED HEIGHT _____ FINISHED FOOT LENGTH
 LEG ALIGNMENT: _____ DF PF HINDFOOT NEUTRAL LEAVE AS CAST OTHER: _____
 FOREFOOT NEUTRAL LEAVE AS CAST OTHER: _____
 BUILD OUTS NAVICULAR BASE OF 5th OTHER: _____

Device Type

MID PROFILE AFO HIGH PROFILE AFO FLOOR REACTION SMO ARTICULATED
 Open Heel Open Heel Open Heel Tamarack Flexure Launch Pad Pivot
 Split Front Plastic Posterior Stop Elite Adjustable
 _____ Anterior HT. Other: _____

Posterior Plastic Trim Options

Solid Trim
 Semi—Solid
 PLS
 Proximal to Mets
 Sulcus
 Full Foot
 Club Trim
 Reverse Club Trim
 Encompass Ankle ___MED___LAT
 Sabolich Trim ___MED___LAT
 1/2" Dip Posterior Shell
 Flare Brim
 Heel Post EVA Plastic
 Bottom Treatment: _____
 Full Walking Sole
 Other: _____
 Right: _____ Left: _____ B/L: _____

Flexible Inner Boot

Material: LDPE OP-TEK Thickness: 3/32" 1/8"

INNER BOOT OPTIONS

Height	Length	Special Trim
<input type="checkbox"/> SMO Height	<input type="checkbox"/> Full Foot	<input type="checkbox"/> Club Trim
<input type="checkbox"/> Full Height	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Reverse Club Trim
	<input type="checkbox"/> Proximal to Mets	

Plastic

Posterior: PolyPro Co-Poly MPE Pro-Comp Color: Natural Black
 Thickness: 3/32" 1/8" 3/32 5/32" 3/16"
 Transfer Paper: _____

Liners

Posterior Liner: EVA 1/8" Aliplast 1/8" Color: _____
 Anterior Liner: EVA 1/8" Aliplast 1/8" Color: _____
 Pad other area: _____
 EVA COLORS: White, Beige, Pink, Blue, Yellow, Orange, Purple, Green, Lime Green, Brown
 ALIPLAST COLORS: White, Black

Strapping

Forefoot: M L 3/4" 1" Color: _____
 Ankle: M L 3/4" 1" 1.5" Color: _____
 Calf: M L 1" 1.5" 2.0" Color: _____
 Inside Pull Instep Strap Strap Colors: White, Black, Pink, Blue, Yellow, Purple

Please make sure that all casts or digital files submitted are a true and accurate representation of the patients foot/leg alignment. Casts that are in extreme and preventable positions, along with casts of poor construction will be subject to additional fees to cover the costs associated with modifying the cast to a useable level. © 2022 PTOL, Inc. REV 3/22

SPECIAL INSTRUCTIONS ON REVERSE SIDE