

Date: \_\_\_\_\_ PO#: \_\_\_\_\_ Account#: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

Dx: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

**For PROLAB  
office use only**




<input type="checkbox"/> Male	Age: _____	Weight (required): _____	Shoe Size _____	Shoe
<input type="checkbox"/> Female				Enclosed

**PART 1** CASTING RECOMMENDATION: SEMIWEIGHTBEARING CASTING ON 1/2" HEEL-RAISED FOOTBOARD\*

Casted on footboard?  Yes  No Heel height of footboard \_\_\_\_\_

Right Only  Left Only  Bilateral








*\*If patient diagnosis is flaccid neuromuscular instability of STJ, use a subtalar neutral casting position*

<b>PART 2</b>	<b>POLYPROPYLENE SHELL</b>	<b>HEIGHT*</b> <i>(from ground to top of poly shell)</i>	<b>LEATHER COLOR</b>	<b>LINING</b>
	<input type="checkbox"/> Solid 	<input type="checkbox"/> 12.5 cm (5")	<input type="checkbox"/> Brown	<input type="checkbox"/> Standard (glove leather)
	<input type="checkbox"/> Cut-Out Heel 	<input type="checkbox"/> 18 cm (7")	<input type="checkbox"/> Black	<input type="checkbox"/> Plastazote
	<input type="checkbox"/> Stirrup 	<input type="checkbox"/> 23 cm (9")	<input type="checkbox"/> Taupe	
		<input type="checkbox"/> Custom _____		
		<i>* Padded collar (included on all AFOs) extends 2.5 cm (1") above poly shell</i>		

<b>PART 3</b>	<b>FOOTPLATE LENGTH</b>	<b>SUGGESTED MEASUREMENTS</b>
	<input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus	1. Circumference at top of AFO _____ 2. Circumference at midfoot _____ 3. Circumference at malleoli _____

**PART 4** CLOSURE (see samples below)

<input type="checkbox"/> Lace - 2 Velcro Top Straps - <input type="checkbox"/> w/D-ring	<input type="checkbox"/> Velcro Strap - <input type="checkbox"/> w/D-ring
<input type="checkbox"/> Lace - 1 Velcro Top Strap - <input type="checkbox"/> w/D-ring	<input type="checkbox"/> Z Strap (Reverse Velcro)
<input type="checkbox"/> Lace	<input type="checkbox"/> Speed Lace (Top 3 Eyelets)

						
Lace with 2 Velcro Straps	Lace with 1 Velcro Strap	Lace	Velcro Strap	Velcro Strap with D-ring	Z Strap	Speed Lace

**SPECIAL INSTRUCTIONS**  Adjust/Refurbish as indicated  
 Standard Shipping  FedEx Ground (economy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Doctor's Signature: \_\_\_\_\_

**REORDERS** Fax reorders to (707) 257-4420  
(To reorder, we must have a stored image of a stabilizer cast)

Reference Number: \_\_\_\_\_  
(from bottom of AFO)

Exactly as before (see Rx number above)  
 Make exactly as prescribed above