AFO

Order Form

CLIENT INFORMATION

Date:

Name of Practice:

Contact Number:

Email:

Contact Person:

Desired Delivery Date:

SHIPPING INFORMATION

Name:

Address:

City/Town:

Zip/Postal Code:

Email:

Contact Number:

Please mail your completed CenFab order form and a negative impression of the patient's limb to the address below. A CenFab Fabrication Representative will contact you.

☐ **Order** ☐ **Quote Only**

Click to Email Form

For clinical questions, call 071 687 1104

Special Instructions / Comments

CenFab
Fabrication of Orthotic and Prosthetic devices

AFO

Order Form

Patient Information:

Patient Name: Patient Weight (kg): ☐ Right ☐ Left

☐ Activity Level: Low (household ambulator) ☐ Moderate (community ambulator) ☐ High (Unrestricted ambulator)

Pathology:

Select Type of AFO

☐**Standard AFO**

Trim: ☐Rigid Standard (trim 12mm at malleolar apex)

☐Semi Rigid (trim at malleolar apex)

☐Custom (indicate trimline on negative cast)

☐**Articulated AFO**

☐Free Motion
☐Limited Motion
Indicate limit:
☐SMO Insert
☐Standard SMO
☐Ground Force Reaction
☐Bivalve
☐Double Upright Steel
☐Unilateral Steel
☐Check Orthosis

Correction to Cast Ankle

☐Leave as casted
☐to 90˚(standard)
☐to ˚ plantarflexion
☐to ˚dorsiflexion

Forefoot/Heel

☐Tone reducing feature
☐Valgus/Varus to neutral

Material Selection (Lining)

☐SPX33 5mm
☐Space-Tech

Colour of lining (EVA type only)

☐White
☐Black

Other Options

☐Liner options (mark all that apply)
☐Footplate
☐Calf
☐Arch Pad
☐Full liner

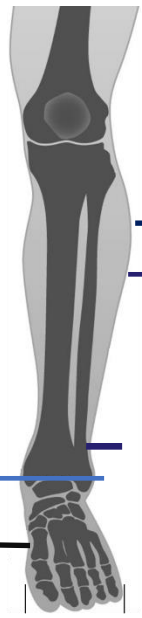
Malleolus Pad

☐Medial
☐Lateral

Standard AFO supplied with laterally attached 2” hook-and-loop strap, and 2” buckle fastened on the medial side.

NOTE:

All components such as ankle joints, backstops, foot sockets etc are excluded. If required it should be supplied by the client. Arrangement can be made via email to include the above mentioned at additional cost.



SUBMIT FORM