



Custom plastic AFO Prescription Form

Patients Name _____

__ **Male** __ **Female**

Height ____ **Weight** ____

Height of Orthosis: ____”

__ **Right** __ **Left**

Plastic Colors:

TRANSLUCENT BLUE BLACK RED NEON GREEN NEON PINK

__ **Low Rise AFO (Cast 6” above Proximal Border Malleolus)**

__ **Leaf Spring (cast 2” Below Distal Border Fib Head)**

__ **Hinged M/L Control (Cast 8” above Proximal Border Malleolus)**

__ **C.R.O.W. (Fabricated with default materials unless specified)**

Length: __ **Proximal to Met Heads** __ **Sulcus** __ **Full**

Corrections: __ **As Casted** __ **Correct Ankle to 90** __ **Correct Forefoot to 90**

Additional Instructions:

Shipping:

Billing:

Signature: