

Thermoplastic AFO/HAFO and Footwear Order Form

Return this form with cast to:

United States 2905 Veterans Hwy • Ronkonkoma • NY • 11779

T: 800.645.5520 • F: 800.419.0772

Canada 160 Markland Street • Markham • Ontario • L6C 0C6

T: 877.644.4344 • F: 877.551.3001

Lab Use Only

Opened By: _____

Date Received: ___ / ___ / ___

Incoming Postage: _____

Account # _____ P.O. # _____

Account Name: _____

E-Mail: _____

Practitioner: _____

Phone: _____ Fax: _____

Address: _____

City, ST/Province: _____

Zip/Postal Code: _____

Patient Name: _____

Date of Birth: ___/___/___ Sex: M F

Height: _____ Weight: _____ Shoe Size: _____

SHOES ENCLOSED

Primary Activity for Orthotic Use: _____

Diagnosis: _____



PLS



Semi-Solid



Solid



HAFO

THERMOPLASTIC AFO/HAFO Right Left Bilateral

Footplate Length

Metatarsal Sulcus Full Length

Ankle Joint - Hinged (HAFO) Only

Free Motion Ankle (Standard) Dorsi-Assist

Additional Charge Options

Select Footplate Topcover

3/16" PPT Plastazote® 1/8" Neoprene 1/16" PPT/Ultralux®

1/8" Multicolor medium density EVA topcover Aliplast® foam liner

Varus correction to plastic model Valgus correction to plastic model

Additional Velcro® strap system

Required Measurements:

Width of forefoot at metatarsal heads _____ in Finished Height (floor to upper calf) _____ in

Width of ankle joint at widest point _____ in Length of Foot _____ in

Circumference above ankle _____ in Width at Fibula Head _____ in

Circumference at 3" above ankle _____ in Height to Fibula Head _____ in

All braces ship with a free STS Casting Sock. If no size is selected, a large sock will be sent.

Small Medium Large X-Large

Lab Cast Correction Fee:

Correction to the AFO after fabrication will incur charge. To avoid additional charges, casts must be taken with the ankle at 90 degrees neutral and the foot in subtalar neutral.

If order form is not completed, order will be made to meet these standard specifications:

- Custom molded polypropylene shell (1/8" pediatric, 3/16" adult)
- Metatarsal length foot plate

*** Use Bermuda Sock for this brace.**

FOOTWEAR: Shoe Size: Length_____ Width_____

NEW BALANCE: MEN'S AND WOMEN'S

- 927** - Motion Control Walker **1123** - Running Shoe
 Black White

AETREX: MEN'S

- Ambulator Classic Oxford Ambulator Stitched Oxford Ambulator Moc Toe Oxford
 Black Leather Brown Leather Black Leather Brown Leather
- Ambulator Lace-Up Boot Ambulator Single Strap Sierra Trail Runner
 Black Leather Brown Leather

AETREX: WOMEN'S

- Ambulator Classic Lace Ambulator Mary Jane Ambulator Striped Lace
 Black Leather Black Leather Black Leather
 Brown Nubuck Brown Nubuck Brown Nubuck
 Grey Nubuck

Larger Therapeutic Footwear Program Sizing Charts

NEW BALANCE FOOTWEAR (Sizes according to width and model)

	2A	B	D	2E	4E	6E
Men's 927			7-13, 14, 15, 16	7-13, 14, 15, 16	7-13, 14, 15, 16	7-13, 14, 15, 16
Women's 927		5, 6-11, 13	5-13	5-11, 12, 13		
Men's 1123		7-13, 14, 15, 16		7-13, 14, 15, 16		
Women's 1123	5-11, 12, 13		5-11, 12, 13	5-8, 9-11, 12, 13	5-11, 12, 13	

* Not all colors are available in the sizes and widths listed.

AETREX FOOTWEAR

Men's Sizes	
Ambulator Stitched Oxford	6.5-13, 14, 15, 16
Ambulator Moc Toe Oxford	6.5-13, 14, 15, 16
Ambulator Classic Oxford	6.5-13, 14, 15, 16
Ambulator Single Strap	6.5-13, 14, 15, 16
Ambulator Lace-up Boot	6.5-13, 14, 15, 16
Sierra Trail Runner	6.5-13, 14, 15

Women's Sizes	
Ambulator Mary Jane	5-11, 12, 13
Ambulator Classic Lace	5-11, 12, 13
Ambulator Striped Lace	4.5-11, 12, 13

* All shoes available in widths of medium, wide and extra-wide.