

If you are emailing a scan, please include the completed order form along with the scan to orders@inovaopfab.com. To help us in tracking orders that are mailed, please email completed forms to: orders@inovaopfab.com then mail order form along with casts or crush box to: 218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

SPECIALTY AFO DESIGNS

Date Mailed: _____
Date Needed: _____
(Standard fab time 10 days in house)
3 Day Rush Order: \$75.00

PO #: _____ Acct#: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ M F Shoe Size: _____
Dx: _____ L R BIL
Cast Correction:
 Leave as casted
 Ankle to 90°
 Hindfoot to Neutral
 Forefoot to Neutral



Neurowalker
 1" below FH (offloading) 9" Above Ankle
Color Options:
 SAND BLACK WHITE BROWN PINK
 GREY BRANDY NAVY BLUE
Closure Options:
 LACES VELCRO SPEED LACES BOOT HOOKS



Off-Loading Leather AFO
Color Options:
 SAND BLACK WHITE BROWN PINK
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS



Open Toe Walker
Color Options:
 SAND BLACK WHITE BROWN
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS



Partial Foot Gauntlet
Color Options:
 SAND BLACK WHITE BROWN PINK
 GREY BRANDY NAVY BLUE
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS

Additional Multi-Density Insoles: Number of extras _____ Can be ordered as Partial Foot Walker with Full Sole
 Surgical Opening

Remarks/Instructions: _____

