

If you are emailing a scan, please include the completed order form along with the scan to Inovaorthopedicsadmi@gmail.com.
To help us in tracking orders that are mailed, please email completed forms to: Inovaorthopedicsadmi@gmail.com
then mail the 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: _____

