



4616 11<sup>th</sup> Ave D  
Moline, IL 61265  
(309)-429-2175

## Custom plastic AFO Work Order

**Patients Name** \_\_\_\_\_

**Male**  **Female**

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Height of Orthosis:** \_\_\_\_\_"

**Right**  **Left**

**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)**

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

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

**Additional Instructions:**

**Shipping:** \_\_\_\_\_ **Billing:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_