



4616 11th Ave D
Moline, IL 61265
(309)-429-2175

Custom Leather AFO Work Order

Patients Name _____

___ Male ___ Female

Height ___ Weight ___

Height of Orthosis: ___”

___ Right ___ Left

Color: ___ Black (Leather) ___ Beige (Leather) ___ Black (Mesh Fabric)

Closure: ___ Laces ___ Velcro Straps ___ Laces + 1 Strap ___ Laces + 2 Straps

Articulated: ___ Yes ___ No

Length: ___ Proximal to Met Heads ___ Sulcus

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

Additional Instructions: _____

SHIPPING & BILLING ADDRESSES:

Facility Name: _____ **Phone:** _____

Practitioner/Doctor: _____ **Email:** _____

Ship to: _____ **Bill to:** _____

Authorized Signature: _____