

AFO ORDER FORM

Dr/Practitioner
Name
Facility Name
And Address:

**DO NOT
LEAVE BLANK**

14 Schiber Court
Maryville, IL 62026
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FAX: 618-205-3461
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www.newsteporthotics.com

PURCHASE ORDER #

3 Day Rush \$75

FOR OFFICE USE ONLY

Cast ID _____

Scanned

Name: _____

M F Age _____ Weight Lbs. _____ Footwear _____

Side: Left Right Both

Diagnosis

CLASSIC	HEIGHT	CONTROL	COLOR	ADDITIONAL OPTIONS
Leather	Short (1-2" ANKLE)	Flexible	Black	Speed Laces
Combo	Standard (5" ANKLE)	Semi-Rigid	Sand	Speed Hooks
Sport	Tall (9" ANKLE)	Rigid	Brown	Add Soft Foot Liner
Velcro			White	
Balance	OPTIONS:		Pink	
	Plastic Heel Cutout	Spring Leaf		

STANDARD AFO	THICKNESS	LINER	JOINT TYPE	POSTERIOR STOPS	CAST MODS
Solid Ankle	1/8" Plastic	Aliplast	Tamarack STD	Adjustable	ANKLE Correct to 90°
Leaf Spring	5/32" Plastic	Plastizote	Dorsi Assist	Standard	
SMO	3/16" Plastic	Other _____	Variable Assist	STRAPS	Leave as Casted
	1/4" Plastic	OPTIONS:	Other _____		
FOOTPLATE		Full AFO		Calf	FOREFOOT Correct to Neutral
1/2" 3/4" Full		Foot Plate Only		Instep	
				Forefoot	Leave as Casted

SIGNATURE AFO	FOOT PLATE	LINER	HEEL LIFT	
Free Motion	HEEL POST:	Thermal Mold	○ _____	
Dynamic	Medial Lateral None	Diabetic		
PLATE TRIM	FOREFOOT:	OPTIONS:	3/4" Full	MODIFICATIONS FOR ALL AFO'S Met Pads Styloid Relief Navicular Relief
UCBL	Medial Lateral None	Archpad		
Standard				

SPECIAL INSTRUCTIONS: _____

