

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

**Shipping Preference**

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.*

**Received Date**

Thuasne USA's shipping department use only

**Patient Information**

**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male  Female Age \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS) **Height** \_\_\_\_\_ (IN)

**Leg:**  Left  Right

**Patient's Diagnosis:** \_\_\_\_\_

**Surgeries (type/date):** \_\_\_\_\_

**Is the patient currently using any assistive device?**

- Brace/KAFO  Crutch  Wheel chair
- Cane  Walker

**Casted position:**

- Seated  Weight Bearing
- Standing  Semi Weight Bearing
- Supine  Non Weight Bearing

*It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.*

**Ankle:**

- Casted in corrected position
- Cast was NOT corrected.. Please correct:
  - Forefoot Supination  Hindfoot Inversion
  - Forefoot Pronation  Hindfoot Eversion

**What control do you want this AFO to provide?**

*Please check all that apply:*

**Knee:**  Flexion  Hyperextension  Valgus  Varus

**Ankle:**  Dorsiflexion  Plantarflexion  
 Inversion  Eversion

**Ankle/Foot evaluation (weight bearing)**

**Weight bearing ankle position is:**

- Neutral
- Inverted \_\_\_\_\_ degrees  Everted \_\_\_\_\_ degrees

**Dorsiflexion & Plantarflexion range of motion:**

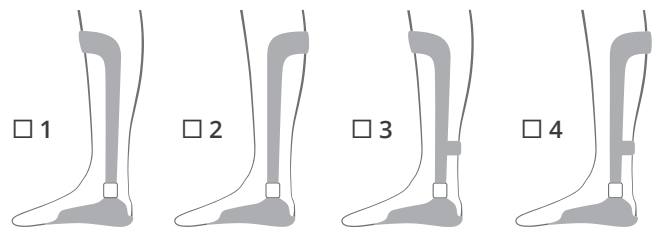
- Full ROM  Limited ROM  Fused

**Forefoot position:**  Pronated  Supinated

**Rearfoot position:**  Inverted  Everted

**Select shell configuration (check one box)**

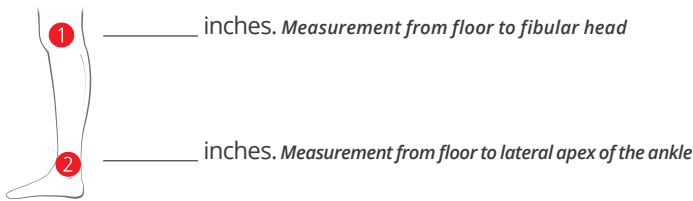
*Options 3 and 4 strongly recommended when ordering anterior stop ankle joints for floor reaction control. A strap is positioned opposite the proximal band. If you would like a band or strap added, please clearly mark additions on the model you have marked and write in the measurement from ankle joint to the desired height in the space, below.*



*When using anterior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joints*

- Add strap: inches \_\_\_\_\_ from ankle joint
  - Anterior  Posterior
- Add band: inches \_\_\_\_\_ from ankle joint
  - Anterior  Posterior
- Add dorsi foot strap

**Provide Height Measurements**



**Choose Total Height of the Brace**

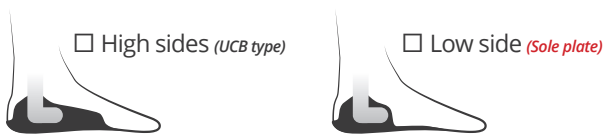
- 8 inches
- 10 inches
- 12 inches
- Other \_\_\_\_\_"
- 9 inches
- 11 inches
- 13 inches



**Foot Plate Selections**

*(Material, sides, length, heel, pad)*

- Graphite lamination *(Not available in sulcus or toe length)*
- Co-polymer *(Softer, more flexible, heat adjustable)*
- Polypropylene *(Stiff, heat adjustable)*
- Black poly pro *(Good all around and heat adjustable)*






**DO NOT use low side foot plate with anterior stop ankle joints**

**Foot Plate Trim**

- Heel cup *(proximal to the base of the 5th metatarsal)*
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - **Outline of full foot required!**

**Heel Trim**

-  Open heel *(graphite footplate only)*
-  Half heel
-  Full heel *(Closed)*

**Foot Plate Padding**

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

**Ankle Joint Options**

- Set ankle joint M/L to \_\_\_\_\_" *(Standard spacing is 1/4 inch)*
- Attach to shoe *(Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)*

**Solid lamination *(Fused ankle)***

- Set at \_\_\_\_\_° dorsi flexion
- Set at \_\_\_\_\_° plantar flexion

**Townsend Ankle Joints**

- HD Free
- Free ankle
- Single adj. with anterior stop
- Double adjustable with assist
- Single adj. with ant. stop & assist
- Dorsi assist
- Single adj. with posterior stop
- Double adjustable

**Becker Ankle Joints**

*(Townsend stocked items)*

- Double Adjustable *(Model # SLI-2825-A)*  
*(Ships with springs, pins available on Request)*
- Dorsi-Flexion Assist *(Model # 3225-A)*
- Standard Action *(Model # 3025-A)*  
*(Fused ankle when assembled)*
  - Set fused ankle position at \_\_\_\_\_° of plantar flexion
  - Set fused ankle position at \_\_\_\_\_° of dorsi flexion
- Grind limited motion to:
  - \_\_\_\_\_° plantar flexion **and/or** \_\_\_\_\_° dorsi flexion
- Grind as free ankle

**Brace Color *(Select one)***

**Textured Powdercoat Finish *(Lightest, most durable finish)***

- Black
- Burgundy
- Antique Pewter *(silver)*
- Royal Blue

**High Gloss Paint Finish**

- Black
- Beige
- Indy Yellow
- Royal Blue
- White
- Burgundy
- Emerald Green
- Dark Violet
- Quicksilver
- Burnt Orange
- Steel Blue

**Custom High Gloss Paint Finish *(additional charge)***

- Provide custom paint # \_\_\_\_\_

**Extra Shell Liners**

- 1 Extra set of liners
- 2 Extra sets of liners

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_