

COD External AFO's



Center for
Orthotics Design

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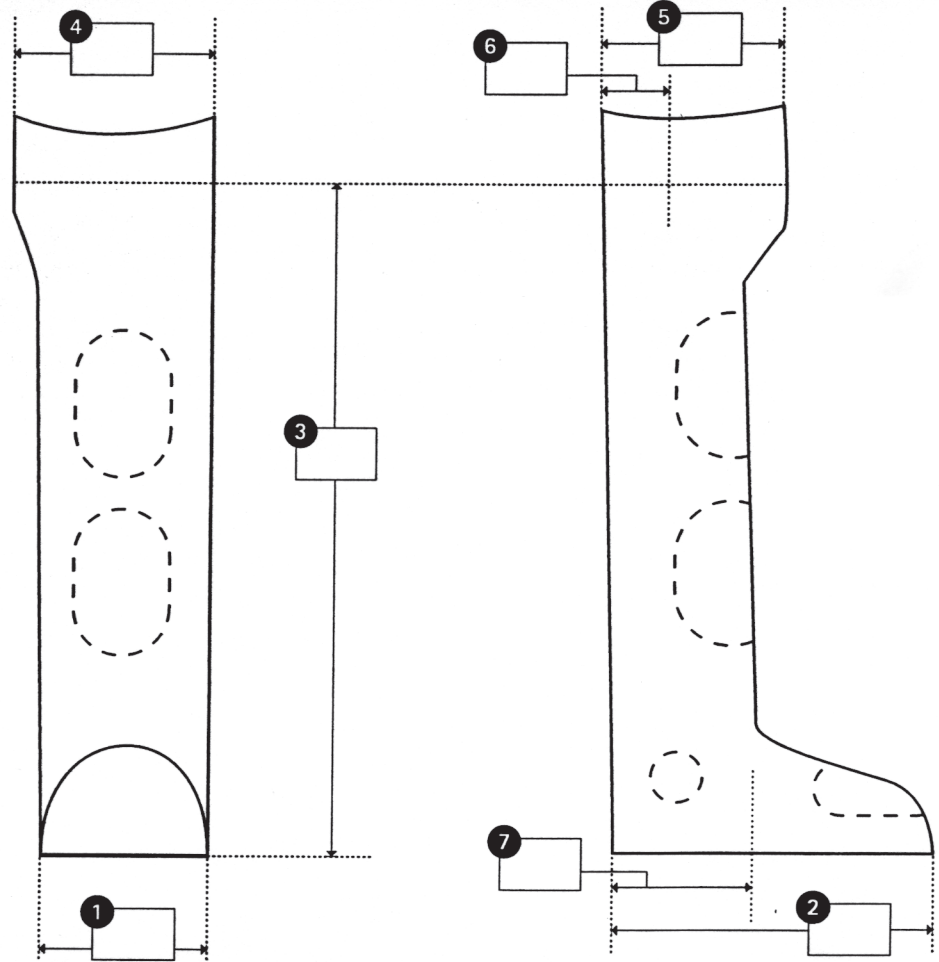
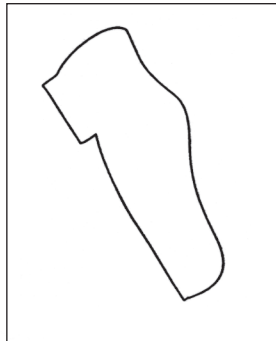
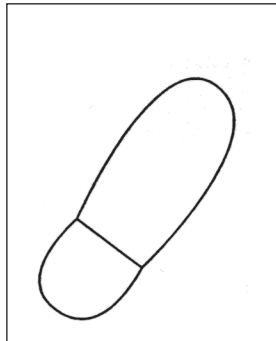


Date _____ PO# _____ Patient Name _____
 Male/Female _____ Age _____ Weight _____ lbs. Height _____ ft. _____ in. _____
 Diagnosis _____ Level _____
 Orthotist _____ Phone _____ Fax _____
 Ship/Bill to Address _____
 City _____ State _____ Zip _____

Measurements

Fill out all measurement boxes on this form.

1. Shoe width at widest part
2. Shoe length
3. Knee center to floor
4. Knee width
5. Knee depth
6. Knee center to posterior
7. Shin - anterior to posterior
8. Include a traced outline of the patients shoes on seperate sheets



Options

Indicate Knee Joints Desired

- Drop Lock (1/4 x 3/4")
- Heavy Duty (1/4 x 1")
- Extra Heavy Duty (3/8 x 1", Lower Bar 1/4 x 1")

Color of Plastic (Polypropylene)

- Black
- Blue
- Natural

Cut-Outs Included

- Yes
- No

Shipping

- Standard Ground
- RUSH (extra charge)
- Ship Assembled (extra charge)

If you need a custom design or expert advice please call us.
800.346.4746