

MEASUREMENT FORM

# CAD/CAM AFO

# Fillauer LLC

Custom Fabrication  
Tel: 800.251.6398  
Fax: 423.698.6076  
2710 Amnicola Highway  
Chattanooga, TN 37406

Practitioner \_\_\_\_\_ Company \_\_\_\_\_

PO# \_\_\_\_\_ Date \_\_\_\_\_ Ship Via \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Patient Information

Patient's Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Orthosis Requested:    Solid    Articulating    PLS    Other

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AFO Form

