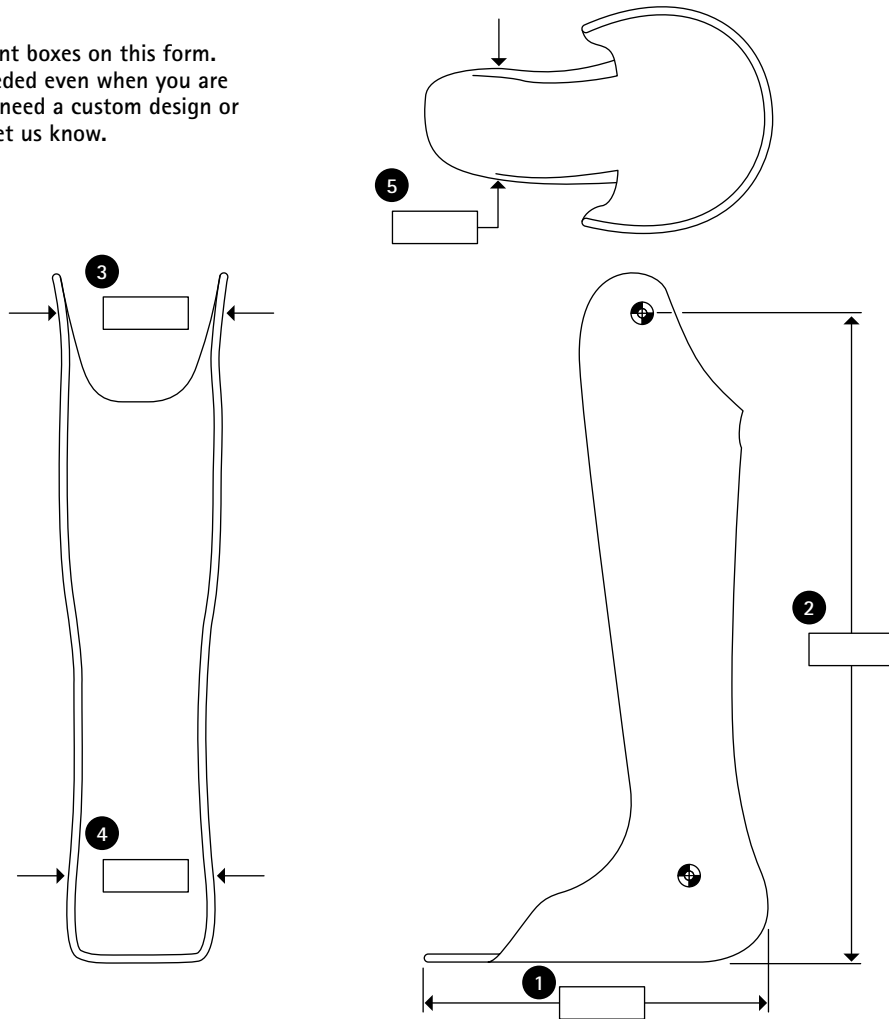


Internal AFO

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.
 Measurements are needed even when you are
 sending a cast. If you need a custom design or
 expert advice please let us know.



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
- Light Pink
- Blue
- Red
- 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