

# COD External AFO's

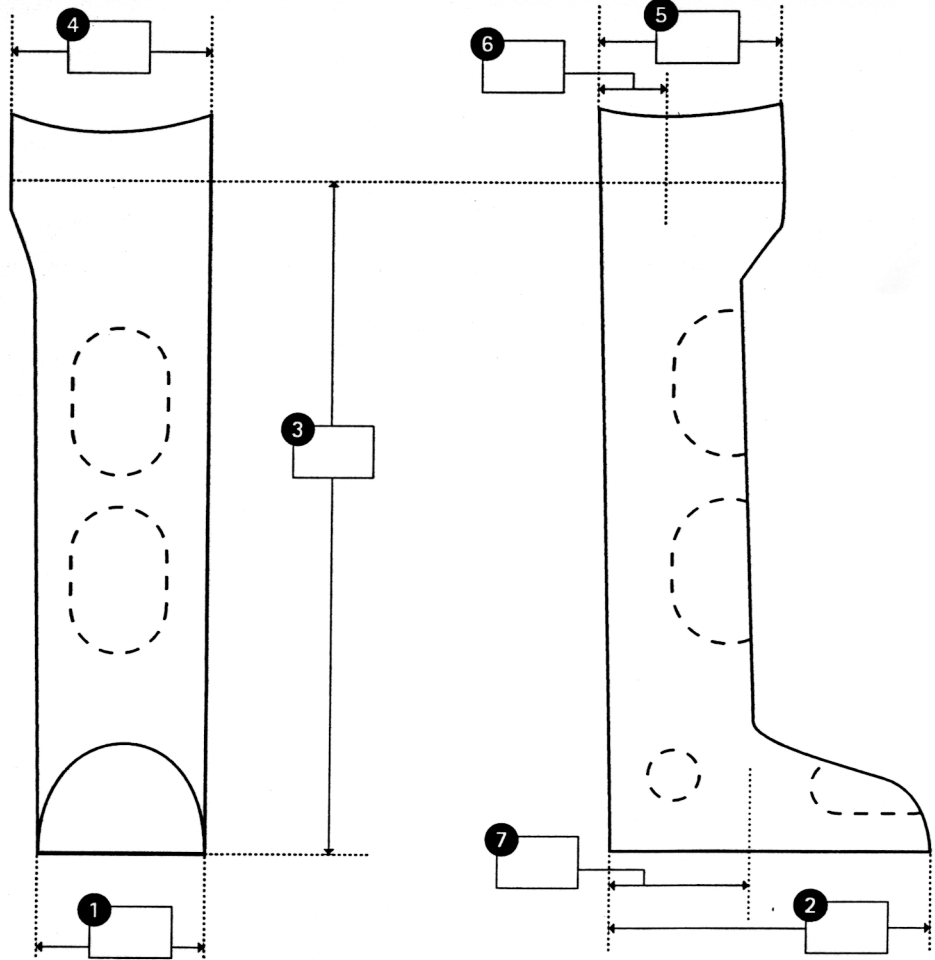
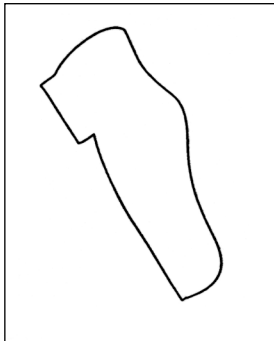
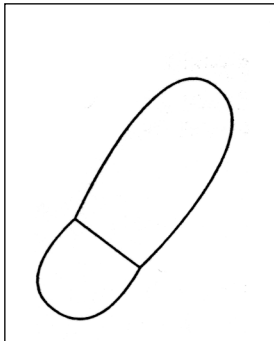
Date \_\_\_\_\_ PO# \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Level \_\_\_\_\_  
 Orthotist \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Ship/Bill to Address \_\_\_\_\_  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

Tel: 800.251.6398  
 Fax: 423.698.6076  
 2710 Amnicola Hwy  
 Chattanooga, TN 37406

## 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
- 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