

MEASUREMENT FORM

CAD/CAM AFO

Fillauer LLC

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

Carving Only Complete

Notes: _____

AFO Form

