

COD External AFO



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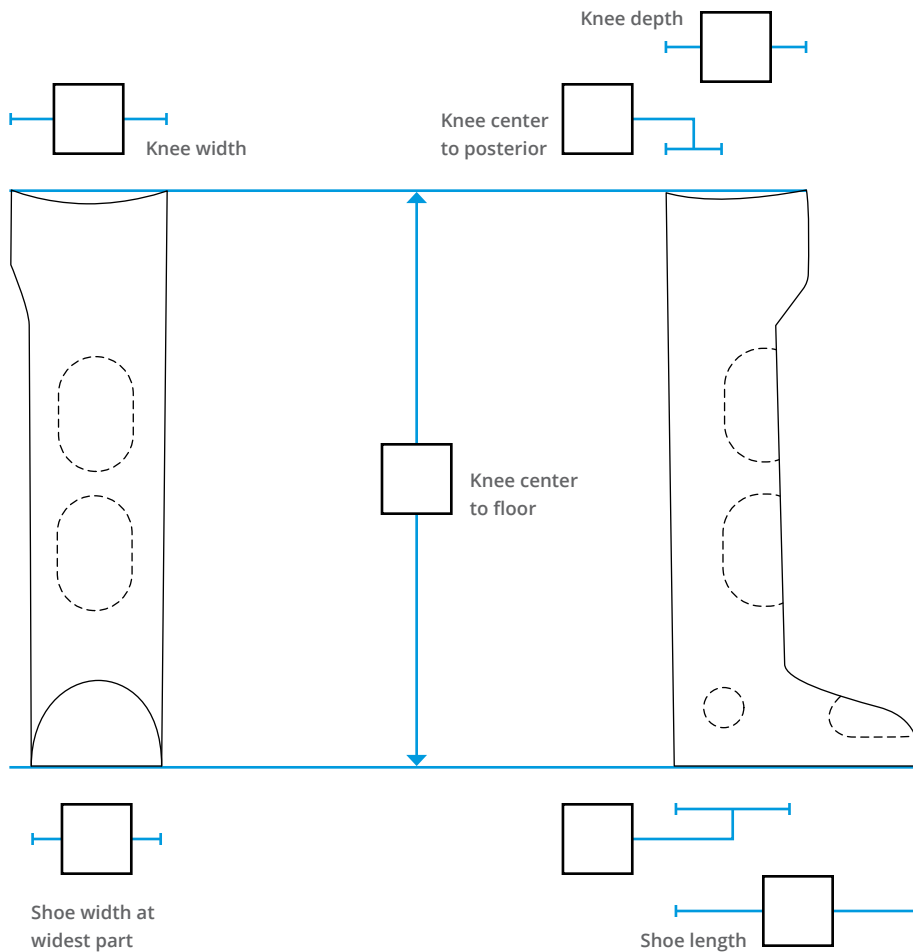
Company _____	Practitioner _____
Account No. _____	Phone _____
Address Line 1 _____	Email _____
Address Line 2 _____	Patient ID _____
City, State, Zip _____	Purchase Order _____

Patient Information

Diagnosis _____	Sex _____
Patient ID _____	Weight _____
Age _____	Height _____

Measurements

Fill out all measurement boxes on this form.



Options

Indicate Knee Joints Desired

- Drop Lock ($\frac{1}{4} \times \frac{3}{4}$)
- Heavy Duty ($\frac{1}{4} \times 1$)
- Extra Heavy Duty ($\frac{3}{8} \times 1$ Upper, $\frac{1}{4} \times 1$ Lower)

Color of Plastic (Polypropylene)

- Black White Natural

Paper Transfer _____

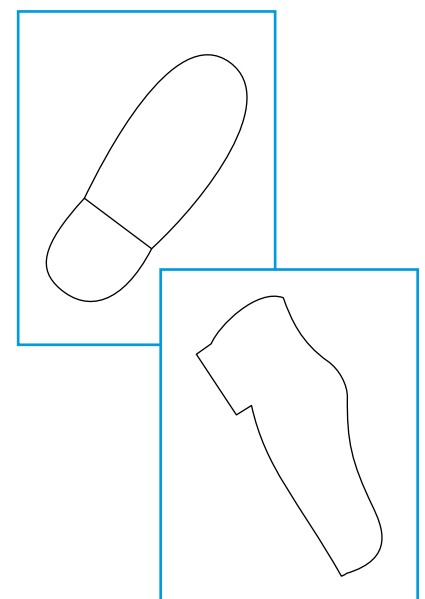
Cut-Outs Included

- Yes No

Shipping

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

If you need a custom design or expert advice, please call us at 800.251.6398.



Include a traced outline of the patient's shoes on separate sheets