

Custom AFO/KAFO—Canada



Order form

Contact person	<input type="text"/>	Customer number	<input type="text"/>	PO#	<input type="text"/>	Date	<input type="text"/>
Customer				Shipping Address (if different from customer address)			
Company	<input type="text"/>			Company	<input type="text"/>		
Street	<input type="text"/>			Street	<input type="text"/>		
Postal code/city	<input type="text"/>			Postal code/city	<input type="text"/>		
E-mail	<input type="text"/>	Patient ID	<input type="text"/>	Phone	<input type="text"/>		

Please send your completed order form with modified cast of the patient limb to the address below

Order **Quote Only**

Shipping Options: Next Day (surcharge) 2-day Ground Other _____

Patient info (required before fabrication):

Height: _____ ft _____ m Weight: _____ lb _____ kg

Worn for: Everyday use Work Sports Competitive Sports

Activity Level: Low (household ambulator) Moderate (community ambulator) High (unrestricted ambulator)

Restrictions: _____

Diagnosis/Pathology:

Other diseases:

Trial orthosis (strongly recommended)

Varus correction

Definitive orthosis

Valgus correction

Model

Ankle foot orthosis without joint

- AFO—left
- AFO—right

Knee orthosis

- KO—left
- KO—right

Ankle foot orthosis with joint

- AFO—left
- AFO—right

Knee ankle foot orthosis

- KAFO—left
- KAFO—right

Comments

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Padding allowance

- Prepare the orthosis directly on the positive model, without allowing for any padding distance.
- The model is shaped without padding distance. Please take into account a padding distance for the:
 - Thigh of _____ mm
 - Lower leg of _____ mm
 - Foot of _____ mm

Design (please indicate trimlines on trial orthosis)

- Thigh: anterior shell posterior shell Calf: anterior shell posterior shell
- posterior shell with flexible seating (Dyneema)

Joints (additional charges may apply)

- Knee joint: yes Art. no. _____ With system lamination joint bars
- no unilateral bilateral Without system lamination joint bars
- Ankle joint: yes Art. no. _____ With system lamination joint bars
- no unilateral bilateral Without system lamination joint bars
- rigid/no joint

Sole

	rollover without resistance	dynamic	stiff	
	1 soft	2	3	4
Forefoot characteristics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 soft	2	3	4
Heel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tongues or flaps (additional charges may apply) please specify _____

Straps and Buckles

- Straps: Thigh 2" 1½" other _____ Qty _____
- Calf 2" 1½" other _____ Qty _____
- Foot 2" 1½" other _____ Qty _____
- Buckles: medial
- lateral
- standard
- magnetic (surcharge)

Surface finish

- Finished glossy carbon design (surcharge) Water transfer (surcharge)
- Socket decor look (poss. surcharge) Art. no. _____ (from 646K1 Material Catalogue)

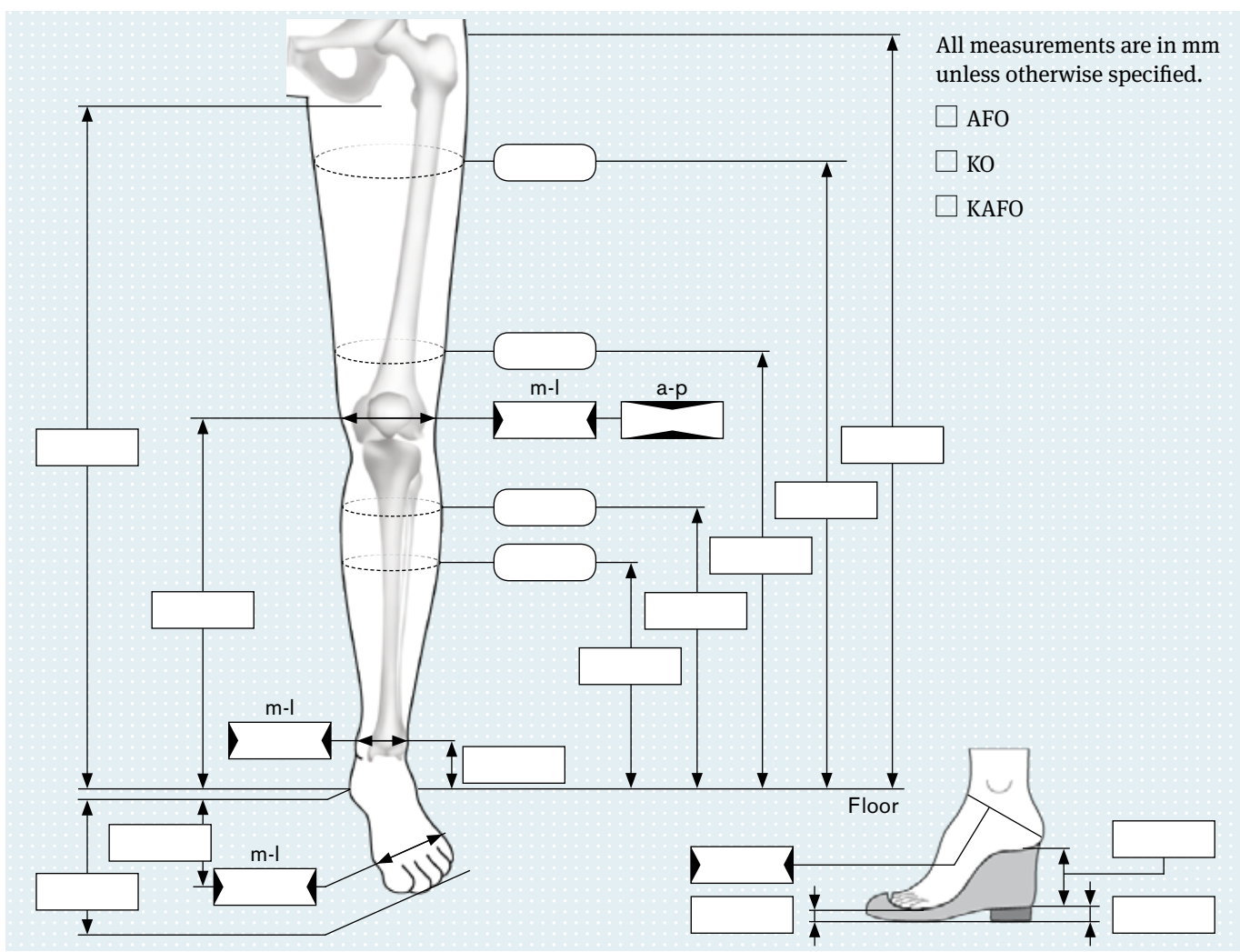
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Add on options (additional charges apply):

- Padding: Malleolus Pad Arch Pad Calf Liner Thigh liner Anterior Shell*
- * Anterior Shell Removeable: MPE Carbon –or– Hinged carbon clamshell
- Material: Airflex (standard) Bocklite: 2mm 3mm Comfortex Soft* Comfortex Smooth*
- Comfortex grippy* Comfortex air* other: _____
- * 4 mm only; surcharge for Comfortex products.

- Left Right
- Measurement reference point: _____
- MTP Knee centre of rotation
- Height measurement including heel height
- Height measurements not including heel height



Comments