

SpringStep AFO

PO#: _____

COMPOSITE TWO-STAGE AFO WORK ORDER
1-866-907-3506 www.springstepafo.com

PATIENT INFORMATION

Patient Name: _____ Cast Date: ____ / ____ / ____

Activity Level: _____ Weight: _____ Height: _____

GAIT DEVIATION * Not indicated for severe gait deviation

- Hyperextends:** Mild Moderate **Equinus**
 Crouch: Mild Moderate **Other:** _____
 Assistive Device: _____

CAST DETAILS

We do not accept casts that use DAFO footplates. We need the actual foot contours to fabricate the AFO correctly.

- | <u>Left Forefoot</u> | <u>Right Forefoot</u> | <u>Left Hindfoot</u> | <u>Right Hindfoot</u> |
|---|---|---|---|
| <input type="checkbox"/> As is | <input type="checkbox"/> As is | <input type="checkbox"/> As is | <input type="checkbox"/> As is |
| <input type="checkbox"/> Correct to neutral | <input type="checkbox"/> Correct to neutral | <input type="checkbox"/> Correct to neutral | <input type="checkbox"/> Correct to neutral |
| <input type="checkbox"/> Post* _____ | <input type="checkbox"/> Post* _____ | <input type="checkbox"/> Post* _____ | <input type="checkbox"/> Post* _____ |

* Post: There is an extra charge for this option.

ORTHOTIC INFORMATION

- | | | | |
|--|---|--------------------------|-----------------------------------|
| Side: _____ | Insert: _____ | AFO Height: _____ | Desired Ankle Angle: _____ |
| <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> UCB <input type="checkbox"/> SMO | Left: _____ | Left: _____ |
| <input type="checkbox"/> Bilateral | <input type="checkbox"/> SMO+* (extra charge) | Right: _____ | Right: _____ |

* SMO+ : There is an extra charge for this option. Order when more foot control is needed or there are bony areas that need extra protection.

- Flexibility:** (see Product Selection Guide) _____ **Transfer Paper (Design):** _____
- | | |
|--|--|
| <input type="checkbox"/> Xtra-Lite (100) | SMO/UBC: _____ |
| <input type="checkbox"/> Lite (150) | (see: www.friddles.com) |
| <input type="checkbox"/> Classic (200) | Composite AFO: _____ |
| <input type="checkbox"/> Support (300) | (see: www.springstepafo.com/pattern-samples) |

SPECIAL INSTRUCTIONS: _____

CONTACT INFORMATION

Company Name: _____ Contact: _____
Email: _____ Ph: _____ Fax: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Billing Address (if different than above): _____