

Date	Acor Order #
P.O.#	Cust #

Plastic Ankle Foot Orthotics (AFO)

Bill To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Ship To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

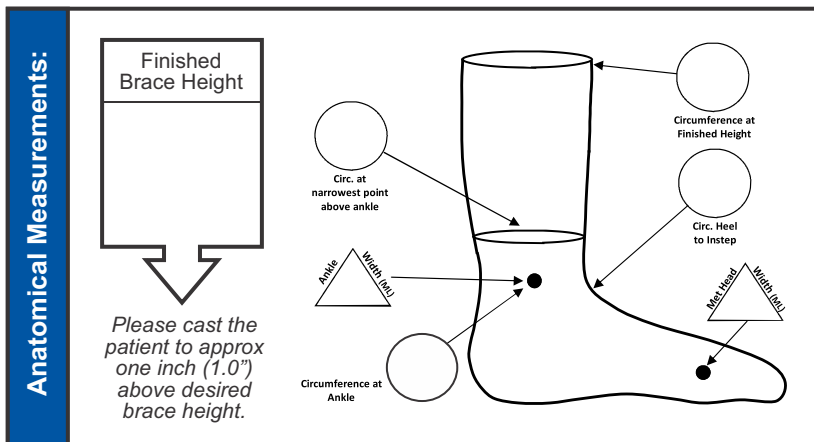
Patient Info:
 Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Diagnosis: _____
 Left Right Bilateral
 Practitioner: _____
 Email Address: _____

Pricing:

Solid Ankle AFO (Up to 14.0" height)
 Articulated AFO (Up to 14.0" height)
 Floor Reaction AFO (Up to 14.0" height)

Additional Charge Items:

<input type="checkbox"/> Removable Inlay	\$35.00
<input type="checkbox"/> Rush Order	\$50.00
<input type="checkbox"/> Additional Height Above Standard (per inch)	\$11.00



Trim:

<input type="checkbox"/> Solid Ankle	<input type="checkbox"/> Full Foot	→ Finished Length: _____
<input type="checkbox"/> Semi-Solid Ankle	<input type="checkbox"/> Sulcus	<input type="checkbox"/> Met
<input type="checkbox"/> PLS	<input type="checkbox"/> Club Trim	<input type="checkbox"/> Rev Club Trim

Shipping:

Fabrication Materials:

Polypropylene
 White Black
 3/32" 1/8" 5/32" 3/16" 1/4"

Copoly
 White Black
 3/32" 1/8" 5/32" 3/16" 1/4"

Liner
 Volara® 1/8" 3/16" 1/4"
 P-Cell® 1/8" 3/16" 1/4"
 Other: _____

Pads
 Volara® 1/8" 3/16" 1/4"
 P-Cell® 1/8" 3/16" 1/4"
 Other: _____

Correction:

Desired Finished Brace Alignment

Forefoot **Heel Height:** _____

No correction needed
 Correct to neutral

Leg Line

Fixed (Do not correct)
 Flexible (Correct to neutral)

Straps:

Instep	Calf
<input type="checkbox"/> 1.5" Chafe: _____	<input type="checkbox"/> 1.5" Chafe: _____
<input type="checkbox"/> 2.0" <input type="checkbox"/> Medial	<input type="checkbox"/> 2.0" <input type="checkbox"/> Medial
<input type="checkbox"/> Strap Pad <input type="checkbox"/> Lateral	<input type="checkbox"/> Strap Pad <input type="checkbox"/> Lateral

Articulation:

<input type="checkbox"/> Tamarack: <input type="checkbox"/> Flexure <input type="checkbox"/> Dorsi-Assist <input type="checkbox"/> 75 <input type="checkbox"/> 85 <input type="checkbox"/> 95 <input type="checkbox"/> Oklahoma	<input type="checkbox"/> Plantar-flexion Stop: <input type="checkbox"/> Dead Stop <input type="checkbox"/> Elite Adjustable <input type="checkbox"/> Other: _____
---	--

Mods:

<input type="checkbox"/> Metatarsal Pad	<input type="checkbox"/> Heel Post
<input type="checkbox"/> ST Mod	<input type="checkbox"/> M
<input type="checkbox"/> Strong Teardrop Heel Contour	<input type="checkbox"/> L
<input type="checkbox"/> Proximal Flair Straight	<input type="checkbox"/> Full Length
<input type="checkbox"/> Proximal Flair w/ 1/2" Dip	

Would you like Acor's tech support team to contact you regarding this order? Yes No