

Date	Acor Order #
P.O.#	Cust #

## Acor<sup>®</sup> 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

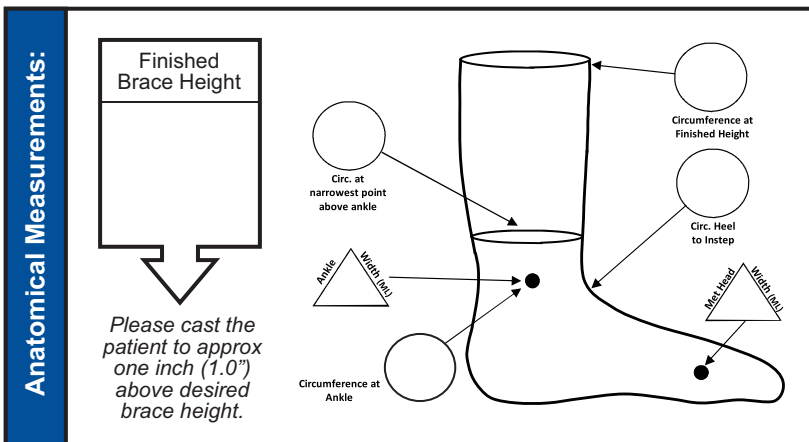
Practitioner: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Pricing:**

<input type="checkbox"/> Solid Ankle AFO (Up to 14.0" height)	\$250.00
<input type="checkbox"/> Articulated AFO (Up to 14.0" height)	\$395.00
<input type="checkbox"/> Floor Reaction AFO (Up to 14.0" height)	\$350.00
<input type="checkbox"/> Shorty AFO (Up to 8.0" height)	\$295.00
<input type="checkbox"/> SMO (Up to 5.0" height)	\$195.00

**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:**

1 Day  
 2 Day  
 Standard Ground\*

**ACOR<sup>®</sup> PRIME**  
 \*With Acor Prime Ground Shipping is Included in the Standard Price.

**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<sup>®</sup>  1/8"  3/16"  1/4"  
 P-Cell<sup>®</sup>  1/8"  3/16"  1/4"  
 Other: \_\_\_\_\_

**Pads**

Volara<sup>®</sup>  1/8"  3/16"  1/4"  
 P-Cell<sup>®</sup>  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:**

<b>Instep</b>	<b>Calf</b>
<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