

# Stride Lite AFO ORDER FORM

Date Casted: \_\_\_/\_\_\_/\_\_\_

Date Sent: \_\_\_/\_\_\_/\_\_\_

895 Home Avenue, Akron, Ohio 44310 Phone (800) 998-4199 Fax: (800) 997-9980

<b>BILL TO:</b>	<b>Ship To:</b>
<b>PHONE:</b>	

Patient Name: \_\_\_\_\_  LEFT  RIGHT  BILATERAL

Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ ' \_\_\_\_\_ " Shoe Size \_\_\_\_\_

Rush (\$50 Fee)

PLASTIC AFO'S		
<input type="checkbox"/>	Short Articulating AFO	PAFO-1
<input type="checkbox"/>	Short Articulating AFO ("Ritchie Style")	PAFO-1A
<input type="checkbox"/>	Short Articulating AFO – Dorsi Assist	PAFO-2
<input type="checkbox"/>	Short Articulating Posterior Entry AFO	PAFO-3
<input type="checkbox"/>	Solid Ankle AFO	PAFO-4
<input type="checkbox"/>	Posterior Leaf Spring	PAFO-5
<input type="checkbox"/>	C.R.O.W. Boot ****CAST ONLY*****	PAFO-6
<input type="checkbox"/>	Floor Reaction AFO	PAFO-11

COLOR:  WHITE  BLACK

LEATHER AFO'S		
<input type="checkbox"/>	Standard AFO Gauntlet (Solid Ankle)	LAFO-1
<input type="checkbox"/>	Assist Balance Brace (Summit Stabilizer)	LAFO-1-B
<input type="checkbox"/>	Articulating AFO Gauntlet – Tamarack	LAFO-2
<input type="checkbox"/>	Gauntlet Articulating with Dorsi Assist	LAFO-3
<input type="checkbox"/>	Extended Height AFO Gauntlet	LAFO-4
<input type="checkbox"/>	Chopart Toe Filler AFO Gauntlet	LAFO-5

COLOR:  BLACK  TAN  BONE

CLOSURE:  LACE  VELCRO  COMBO

**Additions/Modifications:**

STRAPS	
<input type="checkbox"/>	Standard
<input type="checkbox"/>	Reinforced (Dacron-Backed \$30 each)
<input type="checkbox"/>	Instep strap (used on articulating AFO)
<input type="checkbox"/>	Pull Strap - Attached <input type="checkbox"/> Medial <input type="checkbox"/> Lateral
ANKLE JOINTS	
<input type="checkbox"/>	Tamarack
<input type="checkbox"/>	Tamarack – Dorsi Assist
<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	Overlap
<input type="checkbox"/>	Other:
ANKLE MOTION CONTROL	
<input type="checkbox"/>	Motion Control Limited (Rubber Bumper)
<input type="checkbox"/>	Buttress (Plastic build up posterior @ 90°)
<input type="checkbox"/>	Adjustable Stop (Allen Wrench)
<input type="checkbox"/>	Elite Spring Assist – Mechanical Dorsi Assist

**Notes/Special Instructions:**

**THIS AREA MUST BE COMPLETED!!!!**

**Foot Plate Length:**

METS  SULCUS  FULL

**AFO Height = Above Malleolus**

5"  7"  9"

Removable Inlay Trilam (\$25)

**Overall Height:** \_\_\_\_\_

**CAST CORRECTION**

**(Cast Correction > 4°Varus/Valgus or 10° Dorsi Plantar will incur \$25 fee)**

**Dorsiflexion / Plantarflexion**

- Fabricate as cast
- Other \_\_\_\_\_ Degrees
- Correct to 90°

**Heel**

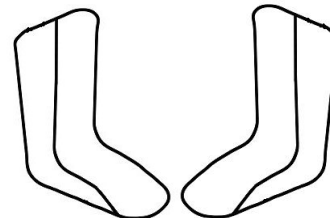
- Fabricate as cast
- Correct to neutral

**Forefoot**

- Fabricate as cast
- Correct to neutral

**MANUFACTURING INFORMATION**

Medial Side                      Lateral Side



**PADDING:**  Entire Device  Foot Plate Only

Mark Padding and or Pull Strap Position as desired

**PADDING TYPE:**  Alplast  Plastizote  Other: \_\_\_\_\_

**THICKNESS**  1/16"  1/8"  3/16"  1/4"