



# A.F.O. Prescription Form

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Patients Name: \_\_\_\_\_

Hospital: \_\_\_\_\_ Tel: \_\_\_\_\_

Order No.: \_\_\_\_\_

Age: \_\_\_\_\_

Orthotist: \_\_\_\_\_

Sex: \_\_\_\_\_

Date Cast: \_\_\_\_\_ Date Required: \_\_\_\_\_

## Orthosis:

Lt  Rt  Pair

Shoe Size: \_\_\_\_\_

Shoe Pitch: \_\_\_\_\_

Material: \_\_\_\_\_ Thickness: \_\_\_\_\_ Colour: \_\_\_\_\_

Transfer 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Ankle Joint Type: \_\_\_\_\_ Carbon / Ribbed Reinforcement

S.T. Rect: Shallow  Deep  N/A

Posting: Intrinsic  Extrinsic  'Neuro. posts': Met Dome

Full Foot: \_\_\_\_\_ 'Cast Correction': Peroneal Notch

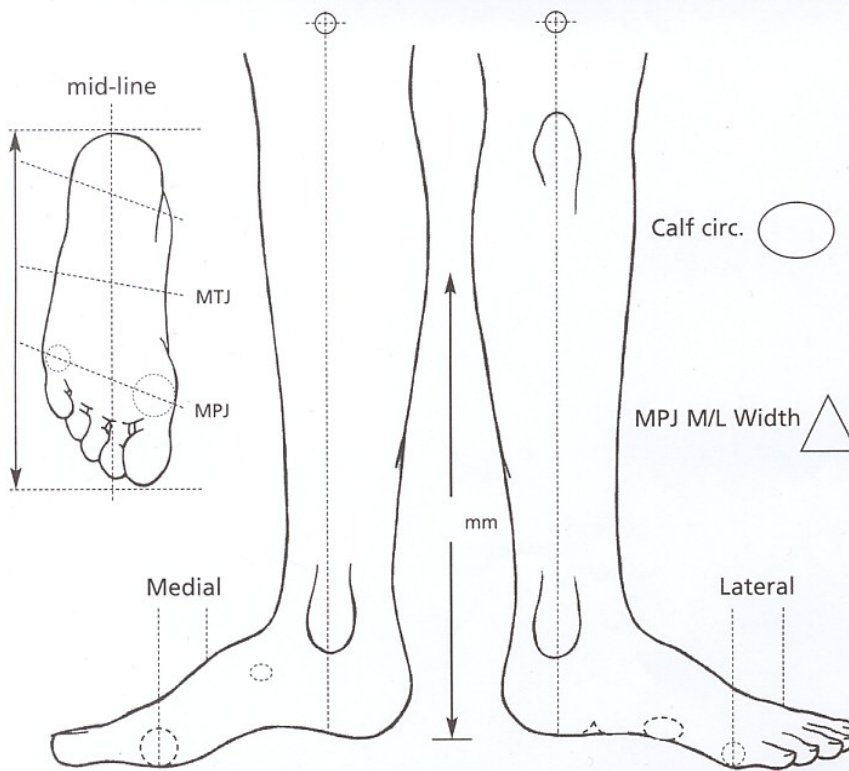
Sulcus: \_\_\_\_\_ As Cast  2-5th Toe Elevation

Behind MTH: \_\_\_\_\_ 90°  Other

## Strapping Requirements:

- Calf
- Heel
- MPJ
- Other
- R'Pull Velcro
- LAY on Velcro
- Unbacked Velcro
- Synthetic Backed
- Leather Backed

## Outline Requirement



## Lining / Padding Requirements:

Material

- Calf
- Full
- Maleolus
- Other

## Additional Requirements