

# A.F.O. Prescription Form

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 ☐

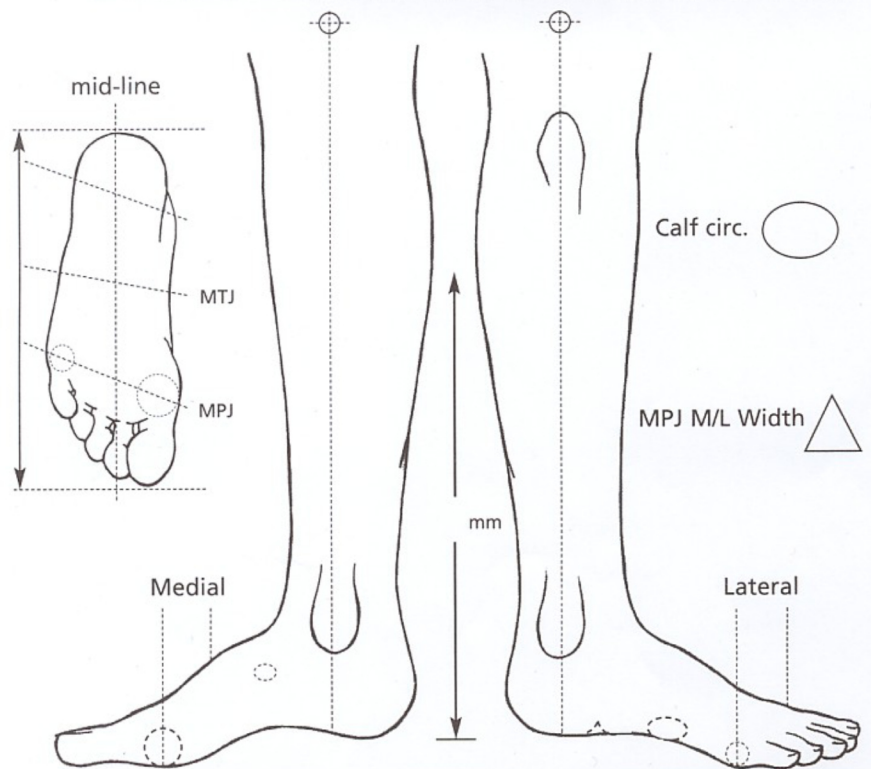
Sulcus: ☐ As Cast ☐ 2-5th Toe Elevation ☐

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