

## PATIENT

Last Name:			
First Name:			
DOB:	Bilateral	Left	Right

## BILLING RUSH ORDER(\$)

Name:			
Address:			
City:	State:	Zip:	
PO#:			

## PRACTITIONER

Name:	Title:		
Email:			
Phone:			

## SHIPPING Same as Billing

Name:			
Facility:			
Address:			
City:	State:	Zip:	

**NOTE:** If no options are selected, you will receive the **DAFO Standard** (see illustration).

## POSITION OF FUNCTION

**BRACE HEIGHT:**  
*Standard* Specify: \_\_\_\_\_ mm

**BRACE LENGTH:**  
*Standard* Specify: \_\_\_\_\_ mm

**ANKLE ALIGNMENT:**  
3° DF \_\_\_\_\_ ° DF \_\_\_\_\_ ° PF Do Not Correct

**HINDFOOT ALIGNMENT:**  
Vertical Correct Halfway Do Not Correct

**FOREFOOT ALIGNMENT:**  
Neutral Varus: \_\_\_\_\_ mm Valgus: \_\_\_\_\_ mm  
Do Not Correct

## STABILITY

**STABILIZATION:**  
*None* Heel Midfoot Heel-to-Midfoot Heel-to-Toe

**NON-SKID:**  
*None* Vibram

## CONTROL

**INNER LINER:**  
*Softy Foam* OP Flex (\$)

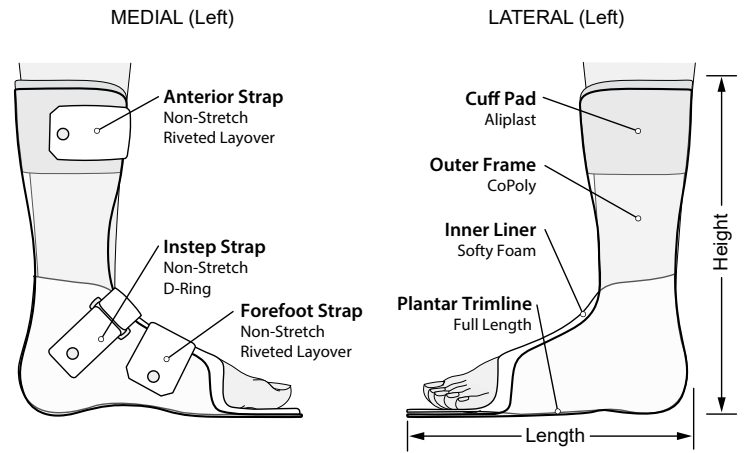
**PLANTAR (OUTER TRIMLINE):**  
*Full Length* Distal to Met. Head Proximal to Met. Head

**LATERAL MET. HEAD (OUTER TRIMLINE):**  
*At Met. Head* Distal Proximal Long Containment

**MEDIAL MET. HEAD (OUTER TRIMLINE):**  
*At Met. Head* Distal Proximal Long Containment

**SOFT CONTAINMENT:**  
*None* Lateral Medial Lateral & Medial

**TOE RISE:**  
*Toe Rise* Toe Rise w/ Abduction Strap



## COMFORT

**TALUS & NAVICULAR PADDING:**  
*None* Add PPT

## COSMETIC

**ALIPLAST PAD COLOR:**  
*White* Specify: \_\_\_\_\_

**STRAP COLOR:**  
*White* Specify: \_\_\_\_\_

**TRANSFER:**  
*None* Specify: \_\_\_\_\_

## ADDITIONAL INSTRUCTIONS