

**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**    Polyethylene    OP Flex (\$)

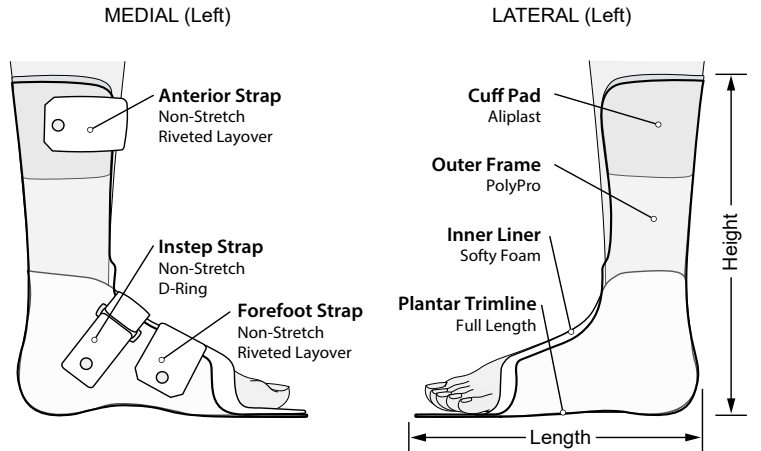
**PLANTAR (OUTER TRIMLINE):**  
**Full Length**    Distal to Met. Head    Proximal to Met. Head  
STANDARD FOR SOFTY FOAM LINER      STANDARD FOR POLYETHYLENE LINER

**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**