



AOD Central Fabrication
12315 Judson Rd. #200
San Antonio, TX 78233

PLASTIC HINGED AFO

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
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Step 1: Device Type + Joints and Stops

<p>L B R STANDARD</p> <p>Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length</p>  <p><input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Footplate Plastic Length is to Sulcus</p>	<p>L B R STIRRUP</p> <p>Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length</p>  <p><input type="checkbox"/> No Footplate Padding <input type="checkbox"/> Footplate Padding to Sulcus Only *Standard Design is Footplate Plastic Length to Sulcus with Full Length Footplate Padding Included</p>	+	<p style="text-align: center;">JOINTS AND STOPS</p> <p>L B R Free Motion Tamaracks</p> <p>L B R Dorsiflexion Assist Tamaracks <input type="checkbox"/> 75 Durometer <input type="checkbox"/> 85 Durometer <input type="checkbox"/> 95 Durometer</p> <p>L B R Plantarflexion Stop <input type="checkbox"/> Adjustable Stop <input type="checkbox"/> Snap Stop</p> <p>L B R Dorsiflexion Stop (Strap)</p>
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Straps and pads included, but not shown above. Check back of form for material specifications. Plastic will be selected based on patient weight.

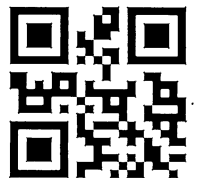
Step 2: Modifications and Additions

Primary Color or Transfer Pattern: Natural Black Blue Pink US Flag Forest Camo Other

ANKLE AND REARFOOT	ANKLE AND REARFOOT	MIDFOOT	FOREFOOT
L B R Do Not Change Ankle* Or Change to _____	L B R Inner Boot <input type="checkbox"/> EVA Foam <input type="checkbox"/> Polyethylene	L B R Increase Arch Height	L B R Do Not Change* Or Change to _____
L B R Do Not Change Rearfoot* Or Change to _____	L B R Medial Wedge Height or Angle _____	L B R Decrease Arch Height	L B R Medial Wedge Height or Angle _____
L B R Dynamic Force Strap To Correct Subtalar Varus/Valgus	L B R Lateral Wedge Height or Angle _____	L B R Navicular Relief	L B R Lateral Wedge Height or Angle _____
L B R Sabolich Triline To Correct Subtalar Varus/Valgus	L B R Posterior Wedge Height or Angle _____	L B R Cuboid Relief	L B R Metatarsal Pad Small Medium Large
L B R Posted*			L B R Toe Crest Pad

*Ankle, rearfoot, and forefoot correction to neutral is standard. Stirrup posting is standard.

Step 3: Order Notes and Special Requests



(P) 210-657-8100

(F) 210-657-8105

RECEIVED DATE	COMPLETED DATE

info@aodcfab.com

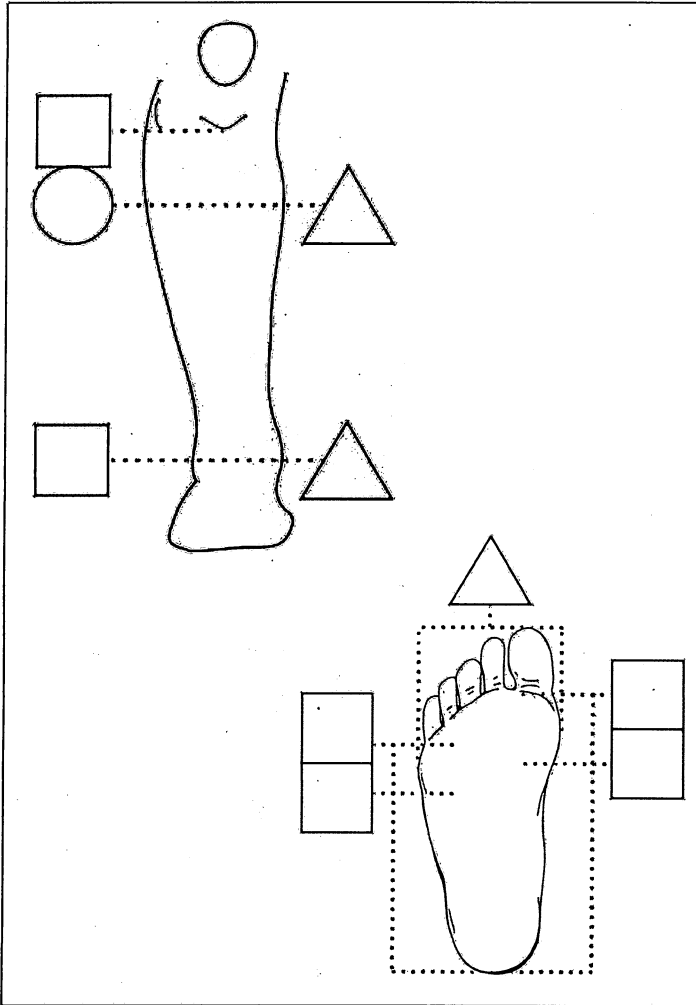
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Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.

Material Specifications

Call with questions or for other material options.
Warranty information available at www.AODCFAB.com



STANDARD

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Padded Footplate *optional*
- 25 Durometer EVA Malleolar and Arch Padding

STIRRUP

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Wing Padding
- 35 Durometer EVA Padded Footplate
- 25 Durometer EVA Malleolar and Arch Padding

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS