





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

# PLASTIC SOLID AFO

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

<b>PATIENT ID</b>		<b>INTERNAL USE - DO NOT FILL IN PATIENT ID</b>
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## Step 1: Device Type

L B R	TURBO	L B R	POSTERIOR	L B R	LEAF SPRING	L B R	ANKLE GAUNTLET
Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length 		Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length 		Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal heads <input type="checkbox"/> Full Length 		Alternate Footplate Lengths* <input type="checkbox"/> To Sulcus <input type="checkbox"/> Full Length 	
<input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is to Sulcus		<input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is to Sulcus		<input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Plastic Length is to Sulcus		<input type="checkbox"/> Laces Only <input type="checkbox"/> Velcro only <input type="checkbox"/> Laces Distal, Velcro Proximal *Standard Length is Proximal to Met Heads	

Straps and pads included, but not shown above. Check back of form for material specifications. Plastic will be selected based on patient weight.

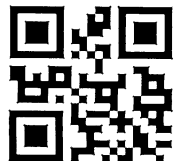
## Step 2: Modifications and Additions

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

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

## Step 3: Order Notes and Special Requests



(P) 210-657-8100

(F) 210-657-8105

<b>RECEIVED DATE</b>	<b>COMPLETED DATE</b>

info@aodcfab.com

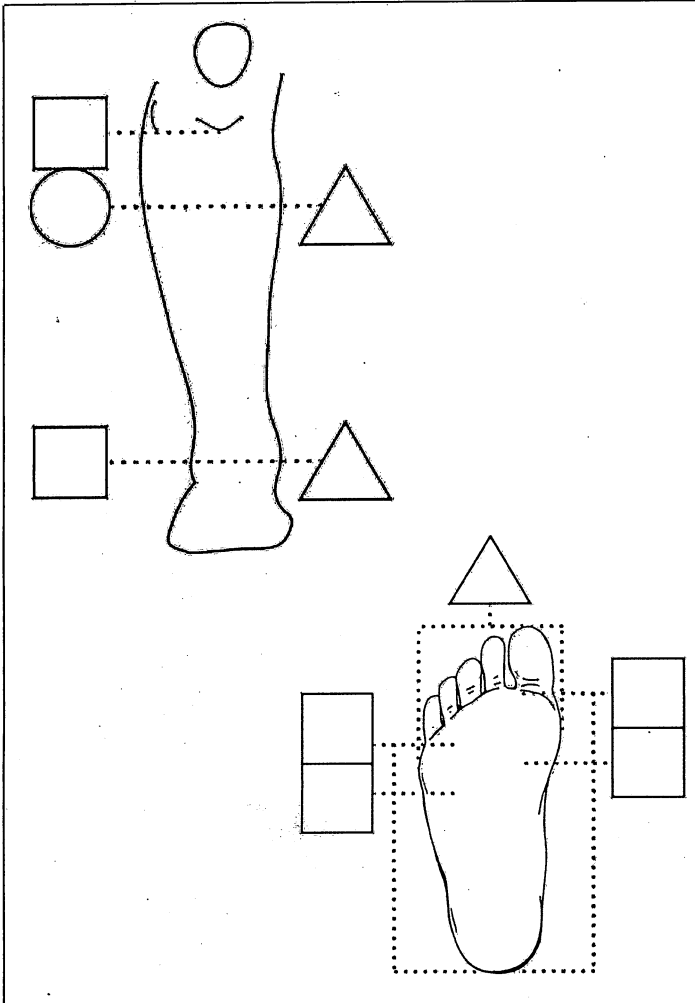
# PLASTIC SOLID AFO

## 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](http://www.AODCFAB.com)



### TURBO

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

### POSTERIOR

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

### LEAF SPRING

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

### ANKLE GAUNTLET

- 35 Durometer EVA Lining
- Polypropylene Copolymer Shell
- Medium Black Cow Leather

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS