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The Aligner AFO Order Form

Company _____

Location _____

PO # _____

Date _____ Date Due _____

Practitioner _____

Patient Name _____

Age ____ Height ____ Weight ____

Male Female

Activity Level _____

Pathology _____

Please Cast in Subtalar Neutral if Possible

Correct to Subtalar Neutral
(for flexible and correctable deformity)

Stabilize in Casted Position
(for rigid and non-correctable deformity)

Other - Describe _____

Joint Type: Lateral - pronation (PTTD)

Medial - supination

Double Joint

Foot: Left Right

Dorsi Assist Bands: Yes No

Color: Black

Caucasian

Fabric Provided

Aligner Doodle Area

Shipping: Ground

3-Day

2-Day

Next Day PM

Next Day AM