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Custom Noodle AFO Order Form

Company _____

Location _____

PO # _____

Date _____ Date Due _____

Practitioner _____

Patient Name _____

Age ____ Height ____ Weight ____

Male Female

Activity Level _____

Pathology _____

Drawspace

Cuff: Posterior Anterior

Foot: Left Right

Strut: Lateral Medial

(use Medial Strut only for significant varus condition)

Pre-Tibial Shell: Yes No

Cast Position _____ Correct to _____

Molded Inner Boot: Yes No

Description _____

Molded Foot Orthotic: Yes No

Description _____

Footplate Length _____

Overall Height _____

Strut Flexibility: Flexible
 Normal
 Stiff
 X-Stiff

Footplate Flexibility: Flexible
 Normal
 Stiff
 X-Stiff

Color: Black
 Caucasian
 Fabric Provided

Shipping: Ground
 3-Day
 2-Day
 Next Day PM
 Next Day AM