



**AAFO ORDER FORM**

DATE: \_\_/\_\_/\_\_

OFFICE / CLINICIAN: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

SEX: MALE\_\_ FEMALE\_\_

BRACE: LEFT\_\_ RIGHT\_\_ BI-LATERAL\_\_

SHELL COLOR: PICK ONE:

BLUE\_\_ BLACK\_\_ PICASSO\_\_ FLESH\_\_

TOP COVER - PICK ONE:

J-FOAM AIR

BLUE\_\_ PURPLE\_\_

BLACK\_\_ TAN\_\_

EVA

PICASSO\_\_ LAVENDER\_\_

BLUE\_\_ BLACK\_\_

LENGTH: PICK ONE

METS\_\_ SULCUS\_\_ FULL LENGTH\_\_

ADDITIONAL

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_