

AAFO ORDER FORM

DATE: __/__/__

OFFICE / CLINICAN: _____

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__

**ADDITONAL
NOTES:** _____

