

DEVICE SERIAL No.

# ANKLE FOOT ORTHOSIS PRESCRIPTION FORM

**PATIENT DATA**

Surname: ..... First Name: .....  
 Age: ..... Sex: ..... Weight: ..... Height: ..... Occupation: .....

**PRACTITIONER**

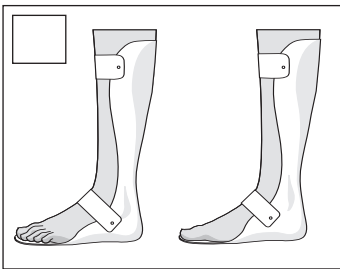
Account Name: ..... Account Number: .....

Address: .....

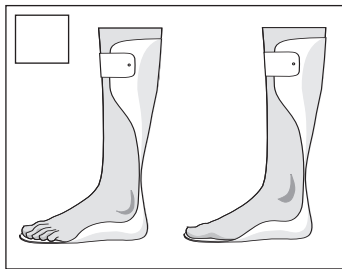
Post Code: ..... Tel. No: ..... Email: .....

Delivery Address: .....

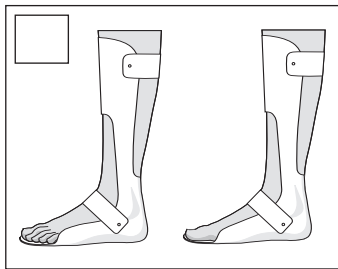
Invoice Address: .....



Solid Ankle Ankle Foot Orthosis

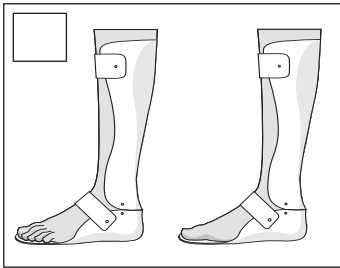


Posterior Leaf Spring Ankle Foot Orthosis

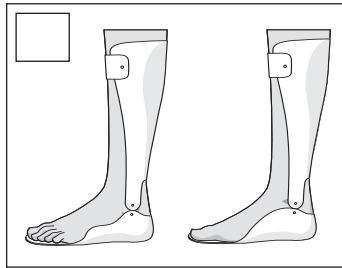


Anterior Reaction Force Ankle Foot Orthosis

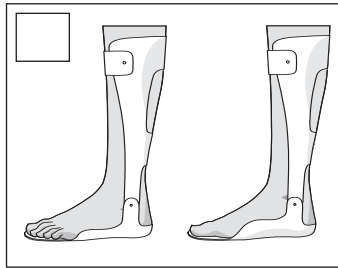
**Special Instructions**



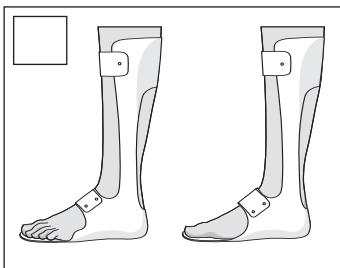
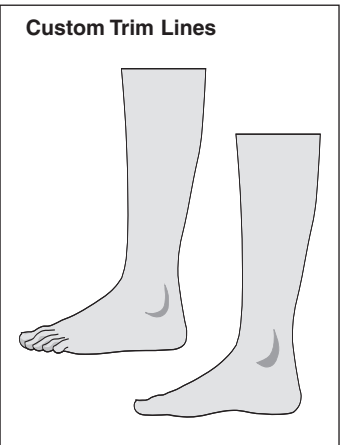
Plantar Flexion Stop Hinged Ankle Foot Orthosis



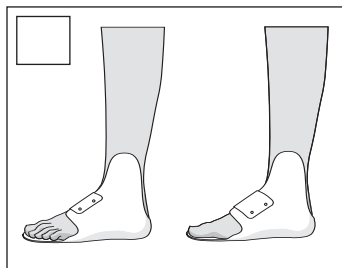
Free Motion Hinged Ankle Foot Orthosis



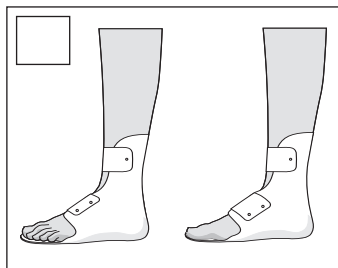
Dynamic Control Ankle Foot Orthosis



Tone Inhibiting Ankle Foot Orthosis



Dynamic Ankle Foot Orthosis



Plantar Flexion Stop Dynamic Ankle Foot Orthosis

**Negative Cast Rectification Options**

Correct to 90 degrees

Correct into Plantarflexion (state degrees)

Correct into Dorsiflexion (state degrees)

Correct Rearfoot In/Eversion to 0 degrees

Correct Forefoot In/Eversion to 0 degrees

**Positive Cast Rectification Options**

Full length foot plate

Sustentaculum Tali Rectification

Tone inhibiting footplate rectification

Intrinsic forefoot balance platform

Medial/lateral rearfoot skive

**Material Selection Options**

3mm polypropylene

4.5mm polypropylene

6mm polypropylene

4mm polyethelene plastazote (night splint)

6mm polyethelene plastazote (night splint)

Transfer paper  
Pat No \_\_\_\_\_

**Strapping and Padding Options**

Calf strap

Ankle strap

Reverse pull navicular strap

Pad malleoli

Pad navicular

1st M.T.H. sink