

# The Palm Beach AFO & Balance Brace



Date: \_\_\_\_\_ P.O #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**PATIENT INFORMATION:**  
 Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: M or F  
 Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_  
 RIGHT  LEFT  BILATERAL

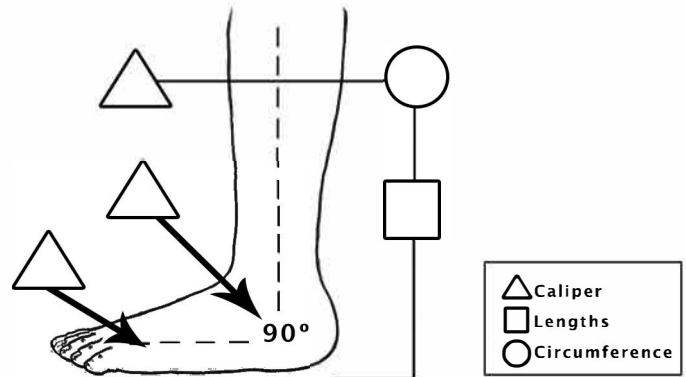
- Balance Brace (Standard BLACK)  
 Non-Articulating AFO (Standard)  
 Articulating AFO (Pick Options Below)
- Color:**  BLACK  NATURAL (Std.)  
**Brace:**  LINED  UNLINED (Std.)

- Cast Correction:**  
 90°  
 \_\_\_\_\_°  Dorsiflexion  Plantarflexion  
 Do Not Correct

- Hind Foot Subtalar:**  Neutral  Do not Correct  
**Forefoot Alignment:**  Neutral  Do Not Correct

**SHIP TO (if different from billing address)**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**NOTE:** Cast above calf



**MARK FOR ACCOMMODATIONS**

- Options for AFO:**  
 \* 90° Tamarack  
 \*Dorsi Assist with Plantar Flexion Stop  
 \*Limited Range of Motion Control

- Plastic Length:**  To Mets (Std.)  To Sulcus  End of Toes  
**Top Cover Length:**  None (Standard)  Mets  To Sulcus  End of Toes

- TOP COVER MATERIAL:**  EVA  \*NEOPRENE  
 \*additional charge  \*PLASTAZOTE/PORON

**SPECIAL INSTRUCTIONS:**

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