

The Palm Beach AFO & Balance Brace



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 Foot Left Foot B/L

SHIP TO (if different from billing address)

Company Name: _____

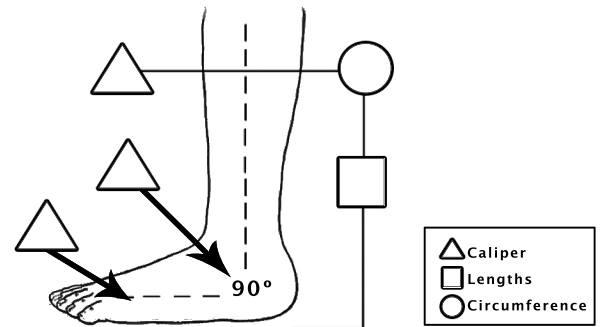
Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Fax: _____

NOTE: Cast above calf



MARK FOR ACCOMMODATIONS

- Balance Brace (Standard BLACK)
- Non-Articulating AFO (Standard)
- Articulating AFO (Pick Options Below)

- COLOR: BLACK NATURAL (Std.)
- BRACE: LINED UNLINED (Std.)

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

Cast Correction:

- 90°
- _____° Dorsiflexion Plantarflexion
- Do Not Correct

Hind Foot Subtalar:

- Neutral
- Do not Correct

Forefoot Alignment:

- Neutral
- Do Not Correct

SPECIAL INSTRUCTIONS:

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