BECKER
A Tradition of Excellence A Commitment to Innovation

Composite Triple Action® AFO *Order Form*

574 Robbins Dr. Troy, MI 48083 | Phone: 800-521-2192 | Fax: 248-588-4555 | BeckerOrthopedic.com

PATIENT INFORMATION

Patient: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

PRACTIONER SHIPPING INFORMATION

Facility: _____

Clinician: _____

Address: _____

City: _____

State/Province/Region: _____ Zip: _____

Country: _____

Phone (Office): _____ Phone (Cell): _____

Fax: _____ Email: _____

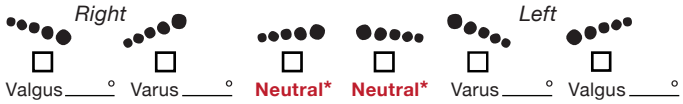
SCAN INFORMATION

Scan Type:

- ☐ Direct Scan of Patient
- ☐ Scanned Positive Mold
  - ☐ Modified ☐ Unmodified
- ☐ Scanned Outside of Negative Mold
  Mold Thickness _____ mm

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



☐ Valgus ____° ☐ Varus ____° ☐ **Neutral*** ☐ **Neutral*** ☐ Varus ____° ☐ Valgus ____°

Ankle Joint Alignment

- ☐ **Mechanical***
- ☐ Anatomical
- ☐ Other: _____

CAST CORRECTION

Sagittal Ankle Correction

Ankle Alignment (dorsiflexion/plantarflexion)

- ☐ Do not correct
- ☐ **Correct to 4° DF***
- ☐ Correct to _____° ☐DF ☐PF

Heel Height _____

Coronal Hindfoot Alignment

- ☐ Do not correct
- ☐ **Correct to vertical***
- ☐ Correct to _____°
  - ☐ Varum ☐ Valgum

Note: If you don't choose an option, the * (default) option will be selected for you.
+AFO From Scan Orthometry Form required when providing scanned model.
****Only available with single upright B size Triple Action.**

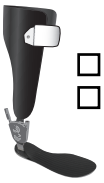
ORDER INFORMATION

PO#: _____

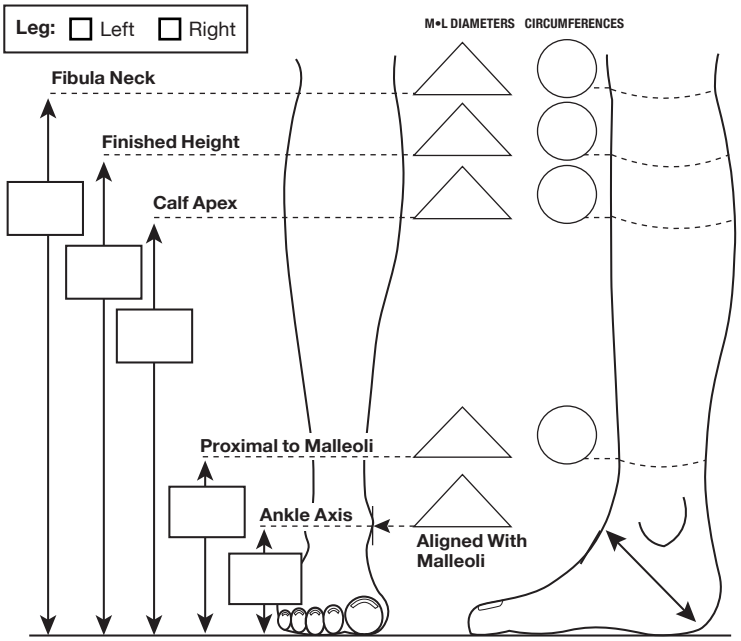
Warranty Information

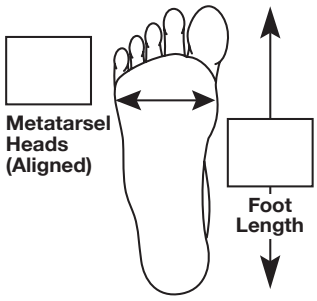
Diagnostic Check Orthosis (DCO)	*I understand the AFO will not be covered by the fit warranty if a DCO is not ordered.*
☐ Yes ☐ No If **no**, please sign >	_____ *Signature* *Date*

DEVICE SELECTION

☐ **Single Upright Total Contact**	☐ **Single Upright Flat Footplate****	☐ **Double Upright Total Contact**
☐ Left ☐ Right	 ☐ Left ☐ Right	☐ Left ☐ Right

Leg: ☐ Left ☐ Right





TRIMLINE SELECTION

Footplate Length

- ☐ **Full Foot Length***
- ☐ Sulcus Length

Footplate Control

- ☐ **Full Control***
- ☐ Long Medial (Supination Control)
- ☐ Long Lateral (Pronation Control)

Ankle Control

- ☐ **None***
- ☐ Medial Supramalleolar Flare
- ☐ Lateral Supramalleolar Flare

Liners / Padding / Inserts

- ☐ **None***
- ☐ Extra Navicular Padding
- ☐ Plantar Footplate
- ☐ Calf Section

Please check the appropriate box to select finish trimlines

☐+ ☐

Footplate Stabilization

- ☐ **None***
- ☐ Heel
- ☐ Forefoot
- ☐ Heel Lift Height _____

SMO

- ☐ **None***
- ☐ Polyethylene
- ☐ EVA

JOINT SELECTION

Unilateral AFOs

- ☐ Triple Action Lateral / No companion joint
- ☐ Triple Action Medial / No companion joint

Bilateral AFOs

- ☐ Triple Action Lateral / Triple Action Medial
- ☐ Triple Action Lateral / Camber Axis ATA Medial
- ☐ Camber Axis ATA Lateral / Triple Action Medial

Size

(Scan QR code for sizing)

- ☐ A size
- ☐ B size

Product Information

Booster Options

- ☐ No Booster
- ☐ DF Resist Booster
- ☐ PF Resist Booster

**Refer to Triple Action Product Manual to select number of components and booster springs.*

SPECIAL INSTRUCTIONS