BECKER
A Tradition of Excellence A Commitment to Innovation

Metal and Leather 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: _____

ORDER INFORMATION

PO#: _____

SCAN INFORMATION

Scan Type:

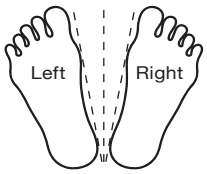
- ☐ Direct Scan of Patient
- ☐ Scanned Positive Mold
  - ☐ Modified ☐ Unmodified
- ☐ Scanned Outside of Negative Mold
  Mold Thickness _____ mm

DEVICE SELECTION

Side:

- ☐ Left
- ☐ Right

Toe Out:



Toe Out Angle:
(+) Toe Out
(–) Toe In

Left: _____

Right: _____

Ankle Joint Alignment

- ☐ **Mechanical***
- ☐ Tibial Torsion

Left: _____ °

Right: _____ °

PRACTIONER SHIPPING INFORMATION

Facility: _____

Clinician: _____

Address: _____

City: _____

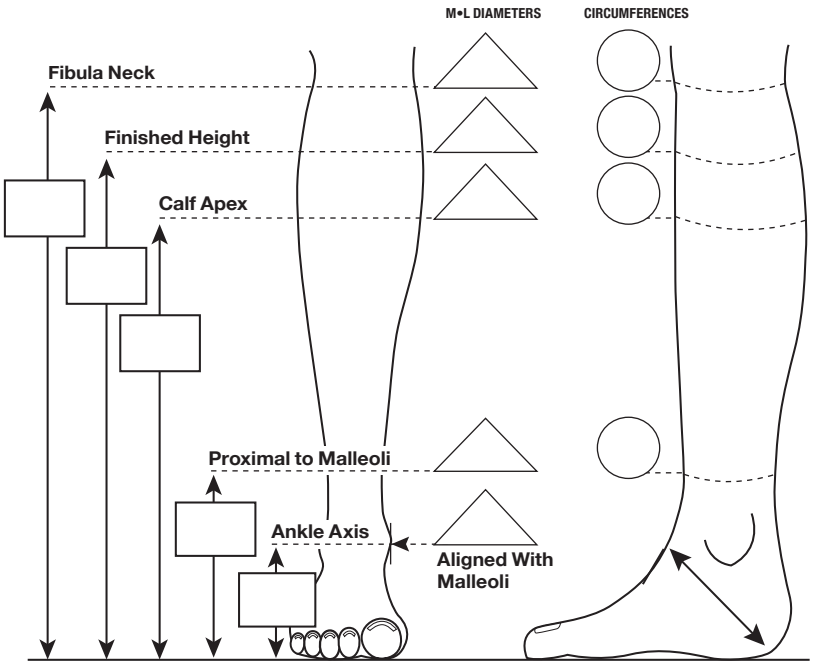
State/Province/Region: _____ Zip: _____

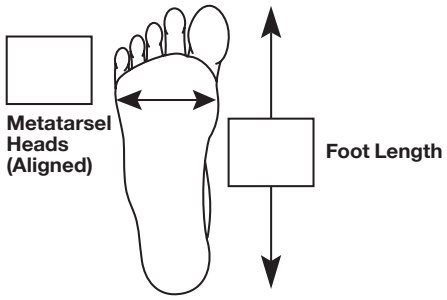
Country: _____

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

Fax: _____ Email: _____

Leg: ☐ Left ☐ Right





Note: If you don't choose an option, the * (default) option will be selected for you.

MATERIALS AND DESIGN

Footplate Options

- ☐ Shoe (provided by customer)
- ☐ UCBL (requires mold)

Ankle Control Strap Options

- ☐ Valgus Contol T-Strap
- ☐ Varus Contol T-Strap

Leather Color Options

- ☐ **Black***
- ☐ Beige
- ☐ Brown

Lacer Options

- ☐ Calf
  - ☐ Molded
  - ☐ Non-Molded

COMPONENT SELECTION

Ankle Joints

- ☐ Standard Action
  - ☐ No Motion
  - ☐ Stop Motion _____° DF _____° PF
  - ☐ Free Motion
- ☐ Dorsiflexion Assist (3225)
- ☐ Double Action (SLM2825)

Ankle Joint Stirrup Options

- ☐ Solid Stirrup
  - ☐ Long
  - ☐ Wide
- ☐ Split Caliper

Bar Material

- ☐ Aluminum
- ☐ Stainless Steel

SPECIAL INSTRUCTIONS