

PATIENT INFORMATIONPatient: _____
Age: _____ Sex: _____ Height: _____ Weight: _____
Shoe Size: _____ Diagnosis: _____**PRACTITIONER SHIPPING INFORMATION**Facility: _____
Clinician: _____
Address: _____
City: _____
State/Province/Region: _____ Zip: _____
Country: _____
Phone (Office): _____ Phone (Cell): _____
Fax: _____ Email: _____**ORDER INFORMATION**

PO#: _____

DEVICE SELECTION**MODEL 394-RAAOS**
AeroSpring Achilles
Offloading SystemCarbon Fiber AFO, one pair custom foot orthosis,
one pair of 20mm graduated heel wedges in
10mm increments**MODEL 394-RAPFO**
AeroSpring Plantar Fascia
Offloading SystemCarbon Fiber AFO, one pair custom foot orthosis,
one pair of 10mm graduated heel wedges.**MODEL 394-RAMOS**
AeroSpring Midfoot
Offloading SystemCarbon Fiber AFO, one pair custom foot orthosis,
one pair of 10mm graduated heel wedges.**MODEL 394-RADSS**
AeroSpring Dropfoot
Stability SystemCarbon Fiber AFO, one pair custom foot
orthosis, No heel wedges are recommended for
this system.**SPECIAL INSTRUCTIONS:**