

## PATIENT INFORMATION

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

## PRACTITIONER SHIPPING INFORMATION

Facility: \_\_\_\_\_  
 Clinician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province/Region: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone (Office): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ORDER INFORMATION

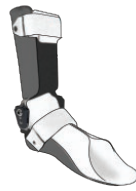
PO#: \_\_\_\_\_

## DEVICE SELECTION



**Triple Action®  
AFO**

Left  
 Right



**Triple Action®  
AFO with SMO**

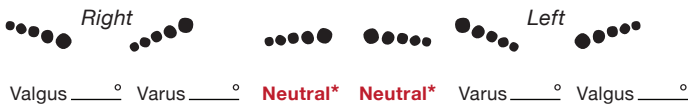
Left  
 Right

## MEASUREMENTS\*

Finished Height \_\_\_\_\_  
 Anatomical Ankle M/L \_\_\_\_\_

## FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



## Ankle Joint Alignment

**Mechanical\*** Other: \_\_\_\_\_  
 Anatomical

## CAST CORRECTION

### Sagittal Ankle Correction

Ankle Alignment (dorsiflexion/plantarflexion)

Do not correct  
**Correct to 4° DF\***  
 Correct to \_\_\_\_° DF PF

### Coronal Hindfoot Alignment

Do not correct  
**Correct to vertical\***  
 Correct to \_\_\_\_°  
 Varum Valgum

## 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

### AFO Material

**Polypropylene\***  
 Copolymer

### SMO Material

Polyethylene  
 EVA

## JOINT SELECTION

### Size

A (100 - 240 lbs)  
 B (65 - 220 lbs)  
 C (30 - 110 lbs)

### Side

**Lateral\***  
 Medial

### Booster Springs

None  
 Dorsiflexion Resist  
 Plantarflexion Resist

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



Product Information



### Footplate Stabilization

**None\***  
 Heel  
 Forefoot  
 Heel Lift Height \_\_\_\_\_

### Strap Color

**White\***  
 Other: \_\_\_\_\_

### Transfer Pattern

**No Transfer\***  
 Transfer Options

[available at  
 BeckerOrthopedic.com/  
 Education/OrthometryForms]

Model # \_\_\_\_\_

## SPECIAL INSTRUCTIONS

**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.