



57 Hwy 98 East
Danielsville, GA 30663
706-420-0042 Local Voice

dfab@oandp.solutions
www.spinal.solutions / www.oandp.solutions

Thermoplastic AFO Fabrication Form

Cast Date _____ Customer Account _____
 Practitioner _____ PO# _____
 Office Phone _____ Cell _____
 Ship to Address _____

 City _____ State _____ Zip _____
 Date Needed _____ Ship Via _____
 To Cast To Scan **RUSH**
Charges Apply

Design	<input type="checkbox"/> AFO	<input type="checkbox"/> Solid	<input type="checkbox"/> SMO	<input type="checkbox"/> UCBL	<input type="checkbox"/> GRAFO	Patient	Patient Name: _____	Height: _____	
	<input type="checkbox"/> Semi-solid	<input type="checkbox"/> Articulated AFO	<input type="checkbox"/> PTB	Weight: _____	Age: _____		<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Bilateral
	<input type="checkbox"/> PLS	<input type="checkbox"/> Other							

Cast Corrections

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)
 Correct to Neutral No Correction (cast OK) Correct to _____° PF DF

FOREFOOT ALIGNMENT (In Finished Brace)
 Left As Casted Neutral Correct to _____° Valgus Varus
 Right As Casted Neutral Correct to _____° Valgus Varus

HINDFOOT ALIGNMENT Correct to Vertical Do Not Correct

Positive Mold Modifications

Tone Reduction Mods Flare Proximal Trim
 Metatarsal Arch Mod Other _____

BUILDUPS Please Mark Locations on Cast
 Base of 5th Navicular Calcaneus
 Other _____

NOTES

Fabrication - Options

PLASTIC
 PP Copolymer TPE Other _____ Thickness _____
 Color _____ Transfer Pattern

PADDING → Pulled into plastic -OR- Install after pull
 Type: Aliplast Plastazote EVA P-Cell Other _____
 Thickness _____ Color: _____
 Location: Full Liner Plantar Surface Proximal 1/3 Malleolus
 Other _____

JOINT Tamarack(straight) Tamarack Dorsi Durometer _____
 Camber Axis(750) Oklahoma Becker780 Scotty BeckerA725DA
 Other Manufacturer _____ Part# _____

PLANTAR STOP(For Articulating/Pre-Artic AFO)
 None (Free Motion) Plastic Elite Posterior Becker MCL
 Other Manufacturer _____ Part# _____

PLANTAR STABILIZATION(Posting) → None Plastic EVA
 Heel Midfoot Both Entire Plantar Surface with Foam
 Non-Skid Bottom Arch Fill

STRAPS Hook & Loop -OR- Dacron Reinforced Color _____
 Instep Strap → Pronation Control -OR- Supination Control -OR-
 Outside Mount Strap
 Toe Abduction Strap Other _____

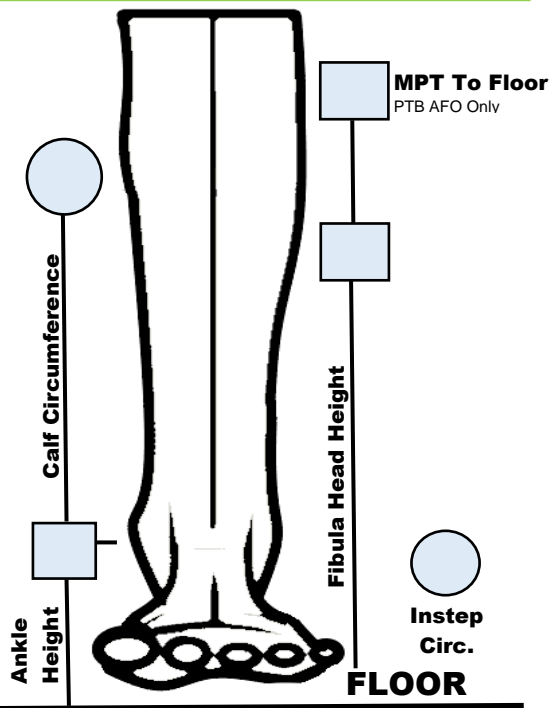
REINFORCEMENT Comp-Core Corrugated

TRIM
 SMO Inner Boot → Integrated Trim -OR- Removable
 Material (DurrFlex if none indicated) _____
 Dorsal Wrap Sabolich Trim → M L

Footplate Length: Full Foot To Mets (3/4) Sulcus

Medial/Lateral Walls
 Low Profile Supination Control Pronation Control
 Proximal to Mets → 1st Met -OR- 5th Met -OR- Both
 Tibia Shell → Fixed -OR- Floating
 Anterior Over Posterior -OR- Anterior Into Posterior

***IMPORTANT-** The cast height must be at least 1/2" higher than the indicated finished trim height to avoid additional mod charges



Casted Heel Height _____ " None

***Finished Trim Height** _____

Foot Length _____