



# New York OMC AFO Prescription Order Form

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Date: \_\_\_/\_\_\_/\_\_\_

### Bill To:

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Casting Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Ship To:

Ship To Same as Bill Address:

Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) Fax: ( )

P.O. #: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Male  Female Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Activity Level:  Non Ambulatory  Low/ Transfer  Medium  High / Active

Diagnosis:  Posterior Tibial Tendon Dysfunction (PTTD)  Degenerative Joint Disease  Severe Pronation  
 Trauma  Other: \_\_\_\_\_

Primary reason for the Device: \_\_\_\_\_

### Clinical Observation:

Ankle:  Normal/Flexible  Limited  Fixed/ Fused Forefoot:  Normal / Flexible  Limited  Fixed / Fused

Footwear:  Comfort  Athletic  Extra Depth  Custom Molded  **Shoe Enclosed**

Left  Right  Bilateral

### Color:

**Black**  Dark Brown  Medium Brown  Dark Beige  
 Light Beige  Wine  White

### Closure Type:

**All Laces**  Lacew/Speed Hooks  All Velcro®  
 Combination (Laces with one Velcro® at top)

Height: (Measured from base Heel to top of collar)

7"  **9"**  2-4 cm below head of fibula  Other \_\_\_\_\_

(Height Above 10" will Incur a Charge of \$10 per inch)

Heel Type:  Reinforced (plastic covered)  **Non-Reinforced** (leather covered)  
 Open (no cover)

Leather Extension:  **Met**  Sulcus  Full

Lining:  **Leather**  Plastazote

Cast Modifications:  **Use Lab Discretion**

Ankle:  Correctto 90  Leave as Casted

Forefoot:  Correct to Neutral  Leave as Casted  
 Please Call For Consult

BRX



**Semi Rigid**

**5/32**  
 1/8

QNS



**Flexible**

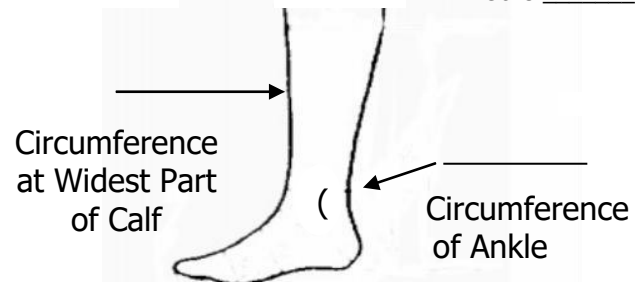
**3/32**  
 1/16

BRK



**Articulating**

**Free Motion**  
 Dorsi-Assist  
 Other \_\_\_\_\_



(Items Highlighted in Bold are Standard)

