New York OMC Super Flex AFO Order Form

1118 Longwood Avenue 2nd FL. Bronx, NY 10474
Phone: (718) 618-7292 ● Fax: (718) 618-0733
www.NewYorkOMC.com Email: Info@NewYorkOMC.com AFO Scans: Scan@NewYorkOMC.com

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 ☐ Natural

Closure Type:

☐ **All Laces** ☐ Lace with Boot Hooks ☐ All Velcro®

☐ Combination (laces with one Velcro® at top)

Height: (measured from base heel to top of collar)

☐ 6" ☐ Other_____

Cast Modifications: ☐ Use Lab Discretion

Ankle: ☐ Correct to 90° ☐ Leave as Casted

Forefoot: ☐ Correct to Neutral ☐ Leave as Casted

☐ Please Call For Consult

SPECIAL INSTRUCTIONS

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