



New York OMC Balance 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

Balance Brace: Left Right Bilateral

Closure Type:

Velcro® D-Ring Velcro® No D-Ring

Height: (Measured from base Heel to top)

7" 9" Other _____

Cast Modifications: Use Lab Discretion

Ankle: Correct to 90° Leave as Casted

Forefoot: Correct to Neutral Leave as Casted

Please Call For Consult



