

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Received Date

Thuasne USA's shipping department use only

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Cane Crutch

Walker Wheel chair

What Ankle Control Do You Need This AFO To Provide?

Please check all that apply

Dorsiflexion Plantarflexion

Inversion Eversion

Ankle/Foot Evaluation (Weight Bearing)

Weight bearing ankle position is:

Neutral Inverted Everted

Ankle movement:

Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

Full ROM Limited ROM Fused

Casted Position

WB Semi WB Non WB

Do not correct casted position

Please correct the following:

Forefoot supination Hindfoot inversion

Forefoot pronation Hindfoot eversion

Plantar flexion to _____°

Dorsi flexion to _____°

Bend Knee To 90 Degrees & Check Toe Out

Toe out degrees _____°

Heel height of shoe in inches _____"

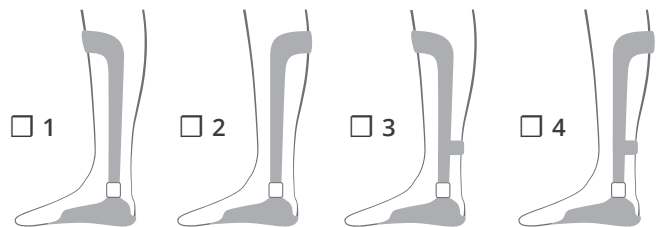
Select shell configuration (check one box)

Options 3 and 4 strongly recommended when ordering anterior stop ankle joints for floor reaction control. A strap is positioned opposite the proximal band. If you would like a band or strap added, please clearly mark additions on the model you have marked and write in the measurement from ankle joint to the desired height in the space, below.

Add strap: inches _____ from ankle joint

Add band: inches _____ from ankle joint

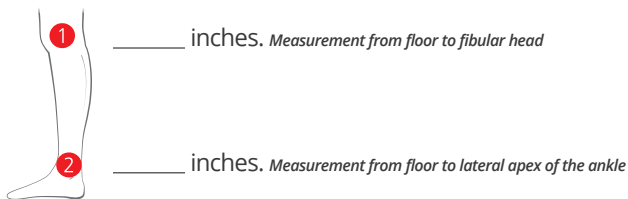
Add dorsi foot strap



When using anterior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joints

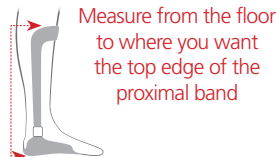
**Indicates additional charges apply*

Provide Height Measurements



Choose Total Height of the Brace

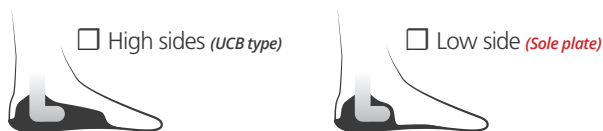
- 8 inches
- 9 inches
- 10 inches
- 11 inches
- 12 inches
- 13 inches
- Other _____"



Foot Plate Selections

(Material, sides, length, heel, pad)

- Graphite lamination *(Not available in sulcus or toe length)*
- Polypropylene *(Stiff, heat adjustable)*
- Co-polymer *(Softer, more flexible, heat adjustable)*
- Black poly pro *(Good all around and heat adjustable)*






DO NOT use low side foot plate with anterior stop ankle joints

Foot Plate Trim

- Heel cup *(proximal to the base of the 5th metatarsal)*
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - Outline of full foot required!!!

Heel Trim

-  Open heel *(graphite footplate only)*
-  Half heel
-  Full heel *(Closed)*

Foot Plate Padding

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

Ankle Joint Options

- Set ankle joint M/L to _____" *(Standard spacing is 1/4 inch)*
- Attach to shoe *(Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)*

Solid lamination *(Fused ankle)*

- Set at _____° dorsi flexion
- Set at _____° plantar flexion

Townsend Ankle Joints

- Free ankle Dorsi assist
- Single adj. with anterior stop Single adj. with posterior stop
- Single adj. with ant. stop & assist Double adjustable
- Double adjustable with assist

Proteor Urethane Ankle Joints

(these joints are fabricated with no plantar stop)

- Reinforced Straight Reinforced Dorsi-Assist

Becker Ankle Joints

(Townsend stocked items)

- Double Adjustable *(Model # SLI-2825-A)*
(Ships with springs, pins available on Request)
- Dorsi-Flexion Assist *(Model # 3225-A)*
- Standard Action *(Model # 3025-A)*
(Fused ankle when assembled)
 - Set fused ankle position at _____° of plantar flexion
 - Set fused ankle position at _____° of dorsi flexion
- Grind limited motion to:
_____° plantar flexion **and/or** _____° dorsi flexion
- Grind as free ankle

Brace Color *(Select one)*

Textured Powdercoat Finish *(Lightest, most durable finish)*

- Black Antique Pewter *(silver)*
- Royal Blue Burgundy

Paint Finish

- High Gloss
 - Black Royal Blue Burgundy
 - Beige White Burnt Emerald Green
 - Orange Dark Violet Steel Blue
 - Indy Yellow Quicksilver

Custom High Gloss Paint Finish *(additional charge)*

- Provide custom paint # _____

Custom Hydro Dip Finish *(additional charge)*

- Provide hydro dip film # _____

Extra Shell Liners

- 1 Extra set of liners 2 Extra sets of liners

Comments: _____
