

ORDER FORM

ANKLE FOOT ORTHOSIS (AFO)

1. Company address/Company stamp

Phone

Date

Commission

E-Mail (Confirmation of receipt and tracking number)

Responsible staff

Signature

2. User details

Has been pre-supplied with a product of ours: yes no **If „yes“** _____
S.-Nr./Date

Date of birth

User height

User weight

Version: a pair only left only right

Activity level: 1 2 3 4

Diagnosis:

Additional input:

Important Notes:

1. Together with the completed order form we need a rectified and **smooth** plaster positive. Alternatively send a rectified CAD-file to 3d@casimo-ot.de. A draped check-orthosis to define trim lines and velcro strap positions supports a perfectly fitting device.
2. In case the orthosis includes joints, please set the **pivot point** with the recommended tools from the manufacturer.
3. Please mark the position and the trim lines with a permanent marker the check orthosis or with a **lead pencil** on the plaster.

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3. Execution details:

Please note: In case there is no selection chosen, our team will follow the steps highlighted in „blue“

Padding: malleolus talus (medial) complete foot

Padding thickness: 4 5 6 **Padding color:** black blue yellow red white pink

Plastic parts material: Copolymer PP PE **Thickness:** 2 3 4

Plastic color: _____ **Carbon color:** _____
(transfer paper, please see casimo-ot.de) (decorative faric, please see casimo-ot.de)

Trimming: Casimo-Style according to your drawings **Velcro strap color:** black white blue yellow red

Please only fill in ONE Column:

Version: dorsal leave spring coil spring

Spring configuration:

rigid dynamic

Forefoot:

Casimo complete -> flexible/ rigid

Velcro strap dummies (Ankle joint):

just medial just lateral bilateral none

Footplacement for spring alignment (LOP):

normal internal (Angle: ___°)
 external (Angle: ___°)

Version: with joint(s)

unilateral joint bilateral joints

preordered joint(s)

Complete forefoot:

rigid dynamic

Calf shell:

ventral dorsal