

Carbon AFO Work Order Form

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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

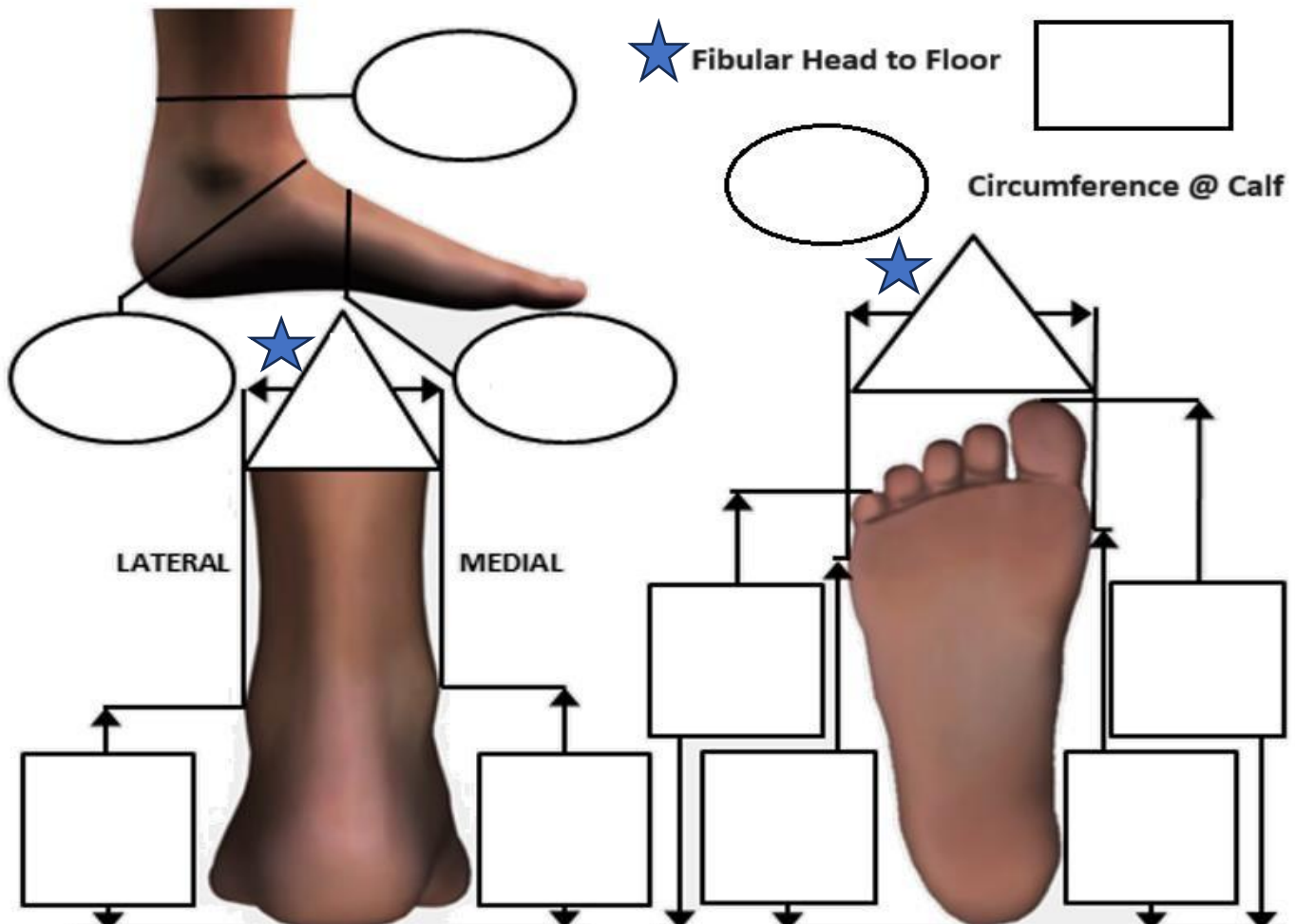
Facility: _____

Address: _____

Side: _____ Height: _____ Weight: _____ Age: _____ Sex: _____

Diagnosis: _____

Measurements



AFO Type: ☐ One – Piece Dynamic Carbon AFO ☐ Two – Piece “PDE Style” Carbon AFO ☐ Other (please specify in notes)

Carbon Type: ☐ Wet-Lamination ☐ Pre-Preg Carbon

Alignment: ☐ Leave Cast as is ☐ Correct cast to neutral ☐ Correct cast to specified angles below:

Sagittal: _____° ☐ PF ☐ DF Hindfoot: _____° ☐ Inv ☐ Ev Forefoot: _____° ☐ Inv ☐ Ev

Finished heel height: _____ Tibial Inclination Angle: _____°

Modification Notes:

Flexibility (One-piece dynamic only): ☐ 1 (Very Flexible) ☐ 2 (Moderately Flexible) ☐ 3 (Flexible) ☐ 4 (Moderately Stiff) ☐ 5 (Rigid)

Strut Location (One-piece dynamic only): ☐ Posterior-only ☐ Medial strut/Anterior Shell

☐ Medial strut/Posterior Shell ☐ Lateral Strut/Anterior Shell ☐ Lateral Strut/Posterior Shell

PDE Strut (Two-piece PDE-style only):

☐ Orthopedic ☐ 200mm ☐ 250mm ☐ 300mm ☐ .5 ☐ .75 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
<---- Flexible Firm ---->

☐ Neuromuscular ☐ 175mm ☐ 200mm ☐ 225mm ☐ 250mm ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
(Pediatric) (Adult) (Pediatric) (Adult) <---- Flexible Firm ---->

Molded Inner Boot: ☐ 3/32 ☐ 1/8 ☐ Puff ☐ LDPE ☐ MPE ☐ OPTek Flex ☐ Orfitrans Excel
☐ Proflex w/ silicone ☐ OPTek Flex Comfort ☐ Northvane

Additions: ☐ Rigid Anterior Shell ☐ ClickReel Closure ☐ Coronal Extension (specify side(s)) ☐ Flexible Tongue

☐ Other:

Padding Thickness: ☐ 1/16 ☐ 1/8 ☐ 3/16 ☐ 1/4 **Material:** ☐ Puff ☐ P-Cell ☐ EVA ☐ Aliplast ☐ Other:
(Shore 35) (Shore 25) (Shore 20) (Shore 15)

Padding Location(s): ☐ Proximal Calf ☐ Malleoli ☐ Arch ☐ Navicular ☐ Plantar Surface ☐ Full Lining ☐ Other:

AFO Height: _____ **Trimline Specifications:** _____

Foot Plate: ☐ Full ☐ Sulcus ☐ 3/4 **Met Heads (Plastic):** 1st Met ☐ IN ☐ OUT 5th Met ☐ IN ☐ OUT
Met Heads (Inner Boot): 1st Met ☐ IN ☐ OUT 5th Met ☐ IN ☐ OUT

Straps: ☐ Proximal Calf ☐ Supramalleolar ☐ In-Step ☐ Forefoot **Color:** _____

Material: ☐ UniMesh ☐ Velcro(Hook & Loop) ☐ Dacron ☐ Vinyl **Closure:** ☐ D-Ring ☐ Velcro ☐ Other:

Notes: