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ARTICULATING AMBER AFO

DATE ___/___/___ COMPANY: _____ SHIP TO:

PATIENT NAME: _____ PO# _____

WEIGHT _____ HEIGHT _____ MALE/ FEMALE _____

LEFT RIGHT BILATERAL.

STYLE:

STANDARD AVERAGE 5" ABOVE MALLEOLUS

STANDAR TALL 7" ABOVE MALLEOLUS OR SPECIFY HEIGH

EXTENDED AFO 9" ABOVE MALLEOLUS FROM FLOOR _____

*** TAMARAC JOINTS ***

DUROMETER

FREE MOTION DORSI ASSIST

75 85 95

CLOSURE: (PLEASE CIRCLE)

BOOTHOOKS AT TOP VELCRO LACES LACE & VELCRO

COLOR: (PLEASE CIRCLE)

BLACK TAUPE LUGGAGE BONE NAVY BROWN WHITE PINK PURPLE

***ADDITIONAL COLOR EXTRA CHARGE* (IF AVAILABLE)**

CAST CORRECTION: (PLEASE CIRCLE)

- ANKLE: LEAVE AS IS CORRECT TO 90 CORRECT VALGUS / VARUS
- FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

PATIENT PATHOLOGY:

DEGENERATIVE JOINT DISEASE (D.J.D.) TRAUMA CHARCOT FOOT

POSTERIOR TIBIALIS TENDON DISFUNCTION (P.T.T.D.)

OTHER: _____

FOOT PLATE: MET SULCUS FULL FOOT (ADD. CHARGE)

ADDITIONAL: HEEL CUT OUT FULL LINER 90 DEGREES STOP PADDED COLLAR FLARE TOP PADDED TONGUE

SPECIAL INSTUCTIONS:

Tidwell's use only

Received

Date Out