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SHELBY AFO

DATE ___ / ___ / ___ COMPANY _____ SHIP TO

PATIENT NAME _____ PO# _____

LEFT RIGHT BILATERAL



❖ **CASTING REQUIREMENTS: SEMI WEIGHT BEARING
SHELBY STANDAR:**

BLACK WITH 1/8" ALIPLAST LINER, MEDIAL AND LATERAL FREE MOTION

UPRIGHT, 5" ABOVE ANKLE

ANKLE JOINT:

OKLAHOMA JOINT-STANDARD

TAMARAC ANKLE JOINTS "INCLUDED IN PRICE "

DUROMETER

FREE MOTION DORSI ASSIST

75 85 95

ADDITIONAL PRICE: CAMBER AXIS

CAST CORRECTION: (PLEASE CIRCLE)

ANKLE: LEAVE AS IS CORRECT TO 90 CORRECT VALGUS / VARUS

FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

FOOT PLATE TRIM:

ARCH SUPPORT STYLE UCBL STYLE

FOOT PLATE LENGTH:

MET-STANDARD SULCUS-STANDAR FULL FOOT (ADD. CHARGE)

UPRIGHT TRIM:

OPEN BACK POSTERIOR SUPPORT

SPECIAL INSTRUCTIONS:

Tidwell's use only

Received

Date out