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AMBER AFO

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

PATIENT NAME: _____ PO# _____

WEIGHT _____ HEIGHT _____ MALE/ FEMALE _____

LEFT RIGHT BILATERAL

CASTING REQUIREMENTS: SEMI WEIGHT BEARING

STYLE:

STANDARD AVERAGE 5" ABOVE MALLEOLUS

STANDAR TALL 7" ABOVE MALLEOLUS

EXTENDED AFO 9" ABOVE MALLEOLUS

OR SPECIFY HEIGH

FROM FLOOR:

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 DYSFUNCTION (P.T.T.D.)

OTHER: _____

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

PLASTIC: STANDAR 1/8" POLYPRO 5/32" PP SEMI-RIGID 3/16" PP RIGID *THE THICKER THE PLASTIC THE BULKIER THE BRACE*

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

SPECIAL INSTUCTIONS:

Tidwell's use only

Received

Date Out