TITAN
O&P FABRICATIONS

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Company Name: _____
Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____

**Date Needed By:**
_____

PO: _____
Standard Fabrication
4-5 Business Days

# AFO WORK ORDER

Patient Name: _____ Height: _____ Weight: _____

Sex: ☐ Male ☐ Female Age:_____ Side: ☐ Left ☐ Right ☐ Bilateral Shoe Size: _____

___ SMO
___ PLS
___ Solid Ankle AFO
___ Articulated AFO
___ Dorsi Assist AFO
___ Short Articulated AFO
___ Floor Reaction

**Special Modifications**
___ Inner Bootie
___ Anterior Shell
___ Dorsal Wrap

**Heel Height**

| L | R | | L | R | |
|---|---|---|---|---|---|
| ___ | ___ | 0 | ___ | ___ | 1/2 |
| ___ | ___ | 1/4 | ___ | ___ | 5/8 |
| ___ | ___ | 3/8 | | | |

**Ankle Position**
___ ___ As Is
___ ___ Correct to 90°
___ ___ Correct to ____ Dorsi
___ ___ Correct to ____ Plantar
___ ___ Correct to ____ Valgus
___ ___ Correct to ____ Varus

**Hindfoot Modifications**
___ ___ As Is
___ ___ Neutral

**Forefoot Modifications:**
___ ___ As Is
___ ___ Neutral to Hindfoot

**Select Materials**

| L | R | |
|---|---|---|
| ___ | ___ | Polypro ( 1/8 - 5/32 - 3/16 - 1/4 ) |
| ___ | ___ | Co-Poly ( 1/8 - 5/32 - 3/16 - 1/4 ) |
| ___ | ___ | Corrugate At: _____ |
| ___ | ___ | Inner Bootie _____ |
| ___ | ___ | Anterior Shell _____ |
| ___ | ___ | Other _____ |

**Color**: ____ Black or ____ Natural
**Transfer Paper**: _____

**Comp Core:**
Med: ____ MCC 1010
____ MCC 1011
Lrg: ____ MCC 1020
____ MCC 1021

**Select Joint Type:**

| L | R | |
|---|---|---|
| ___ | ___ | Oklahoma |
| ___ | ___ | Tamarack ☐L ☐M ☐P |
| ___ | ___ | Dorsi Assist Tamarack |
| | | ☐L ☐M ☐P ☐75 / ☐85 / ☐95 |
| ___ | ___ | Other _____ |

**Select Stop:**
___ ___ Snap Stop
___ ___ 755 Limiter
___ ___ PAS 100 P-A
___ ___ Plastic
___ ___ Other _____

**Heel Post**

| L | R | |
|---|---|---|
| ___ | ___ | Thermoplastic |
| ___ | ___ | Crepe |

**Select Calf Strap**
Size: ___ 5/8" ___ 1" ___ 1.5" ___ 2"
___ ___ C-Fold
___ ___ Dacron Backed w/Chafe
___ ___ Leather Backed
___ ___ Pre-made Hook/Loop
___ ___ Other _____

**Select Instep Strap**
Size: ___ 5/8" ___ 1"
___ ___ Figure 8
___ ___ Instep Strap
___ ___ Dacron Backed w/Chafe
___ ___ Hospital Strap

**Pad at Fabrication: _____**
___ ___ After Pulling Plastic
___ ___ Entire (Prior to Pul)
___ ___ Cuff
___ ___ Arch & Ankle
___ ___ Full Footplate (Ankle to Toe)
___ ___ Plantar Footplate
___ ___ Other _____

**Padding Material**

| | | | | | |
|---|---|---|---|---|---|
| ___ | ___ | Plastazote | ☐1/8 | ☐3/16 | ☐1/4 |
| ___ | ___ | Volara | ☐1/8 | ☐3/16 | ☐1/4 |
| ___ | ___ | Pelite | ☐1/8 | ☐3/16 | |
| ___ | ___ | P-Cell | ☐1/8 | ☐3/16 | ☐1/4 |
| ___ | ___ | Other _____ | | | |

**Finished Trim**
___ ___ Proximal Met Head
___ ___ Sulcus
___ ___ Full Length
___ ___ Long Medial Wall
___ ___ Long Lateral Wall
___ ___ Anterior Malleolus
___ ___ Mid malleolus
___ ___ Posterior Leaf Spring
___ ___ Dorsal Wrap: Med ☐ Lat ☐
___ ___ Lateral Tab
___ ___ Medial Tab
___ ___ Club Foot

**SPECIAL INSTRUCTIONS**

SAVE CLEAR