

Date _____



FUZION® AFO

0585

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| | | | |
|---------------------------|---------------------------------------|-------------------------------------|---------|
| PATIENT INFO (PHI) | Last Name / ID _____ First Name _____ | | Remarks |
| | Gender _____ | | |
| | Male _____ | Age _____ Height _____ Weight _____ | |
| | Female _____ | | |
| Diagnosis _____ | | | |

| | | | |
|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| SHIPPING INFORMATION | Practitioner _____ Phone/Fax _____ | | Shipping Company _____ Service _____ |
| | Facility _____ PO Number _____ | | UPS _____ Ground _____ |
| | Ship to Address _____ | | FedEx _____ 2 Day Air _____ |
| | City _____ State _____ Zip _____ | | Other: _____ Overnight _____ |
| | | Need by _____ | |
| Bill to Address _____ | | | |
| City _____ State _____ Zip _____ | | City _____ State _____ Zip _____ | |

Shape Acquisition Via: **Cast** **Scan** | Affected Side: **Left** **Right** **Bilateral**

Plantar Modifications: **Yes** **No** (Self-stick Toe Rise Pads included with each order)

ALIGNMENT
MUST BE COMPLETED TO PREVENT DELAY OF ORDER

Ankle Alignment (Dorsiflexion - Plantarflexion)
☐ Correct to _____ degrees ☐ Do Not Correct (Cast Alignment OK)

Hindfoot Alignment
☐ Correct to Vertical ☐ Do Not Correct (Cast Alignment OK)

Forefoot Alignment
 Circle drawing below to indicate finished forefoot alignment

| | | | | | |
|-----------------|------------------|---------------|--------------|-----------------|----------------|
| | | | | | |
| Right Pronation | Right Supination | Right Neutral | Left Neutral | Left Supination | Left Pronation |

Include Met Height to Floor in Inches _____

DORSAL EXTENSION - to control forefoot

Default

☐ No Extension ☐ Extend Medial ☐ Extend Lateral ☐ Extend Both

Posterior Height

Foot Length

Full Length Tongue

Straps

Per Picture Default

Add Toe Strap

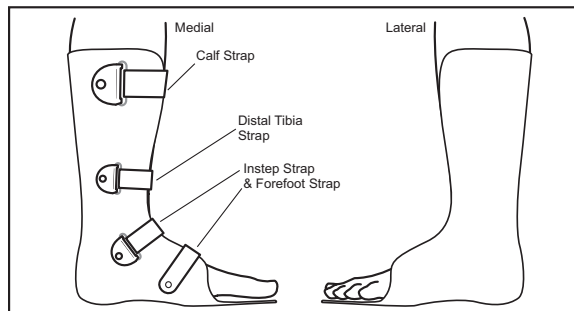
Dacron Reinforced Straps
Additional Charge

Strap Color

White Default

Color: _____

Transfer: _____



Inner Plastic

FIRM-Heat Adjustable Default
Limited ambulator or pediatric only

Proflex Additional Charge

Co-Polymer

Poly Pro

Inner Liner Color

Outer Foam Skin Color

Black White

Additional Padding. Instructions:

External Posting Additional Charge

No External Posting Default

Heel Posting

Heel & Midfoot Posting

Entire External Posting

Forefoot posting to balance
any Supination or Pronation

Non Skid Bottom

Tri-Lam Insert (Diabetic)

Additional Charge