

Billing and Shipping Information

OneSource Account # : _____

Contact for ordering or delivery questions

Contact : _____

Email : _____

Mobile Phone : _____

Ship To : _____

Company : _____

Address : _____

City/ State/ Zip : _____

Contact : _____

Phone : _____

Fax : _____

Email : _____

PO # : _____

Shipping Check Priority : ☐ Ground ☐ 2nd Day
(shipping calculated separately per order)

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information allows us to provide the highest quality product for you and your patient

Required Patient Information

Patient Initials : _____

First and Last Name Initial

Height : _____ ft. _____ in.

Weight : _____ lbs.

Patient ID # : _____

Impact Level : ☐ High ☐ Med ☐ Low

Device Side: ☐ Left ☐ Right

Affected Side(s) : ☐ Left Knee ☐ Right Knee ☐ Both Knees

ALLARD AFO CHOICE

☐ **BlueROCKER® 2½**

Recommended

☐ **ToeOFF® 2½**

May be considered

Shoe Size : _____

(used as a guide to help determine Allard AFO size)

PADDING OPTIONS

☐ **ComfortKIT™** (Recommended) Premium 5mm memory foam interface for patients requiring added cushioning and a more intimate fit due to the shape of the tibia, skin condition, diabetes, and/or activity level.

☐ **SoftKIT™** Soft foam in 3mm.

☐ **CoverKIT™** Soft interface combined with a spandex sleeve to cover the AFO (Recommended for venous insufficiency)

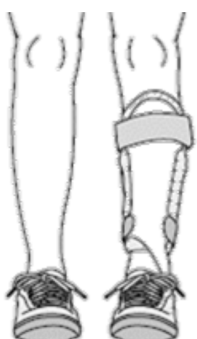
AFO ALIGNMENT (TOE IN/OUT)

Left Foot

☐ Standard (5-7 degrees toe out)

☐ Toe In: _____ (specify degrees)

☐ Toe Out: _____ (specify degrees)



Right Foot

☐ Standard (5-7 degrees toe out)

☐ Toe In: _____ (specify degrees)

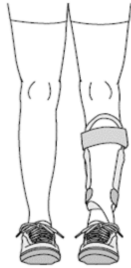
☐ Toe Out: _____ (specify degrees)

cont'd

PREPARE PATIENT FOR FITTING & LEG TRACING

Below measurements are in: in. cm.

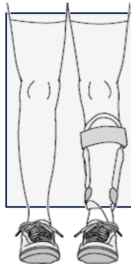
1. Evaluate patient standing. Observe patients functional standing posture, particularly toe in/out position.



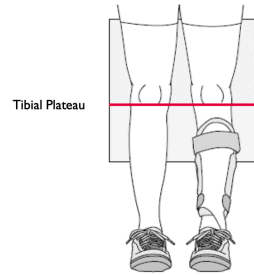
2. Patient should be supine. Be certain to duplicate standing and toe in/out posture observed in step one.



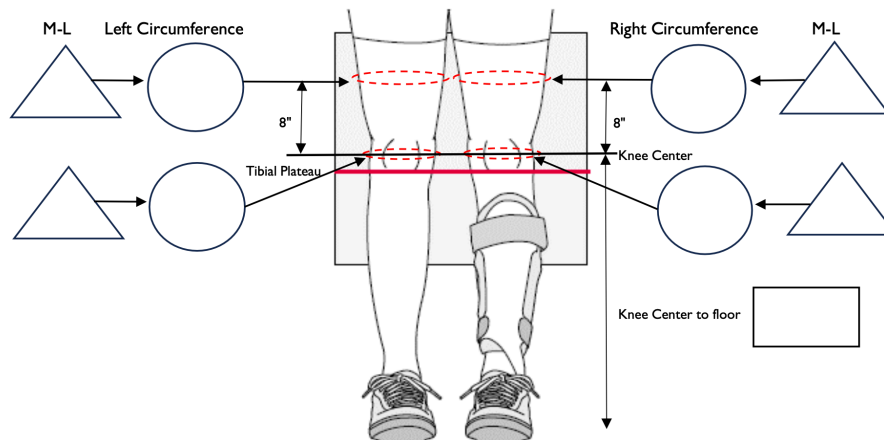
3a. Trace leg on tracing paper.



3b. Draw a horizontal line at level of Tibial Plateau.



3c. Take circumferential and M-L measurements, at knee center and 8" (20cm) above mid-patella.



Notes :