# AFO iFab Order Form

<table>
<thead>
<tr>
<th>Account Information</th>
<th>Ship To Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Name</td>
</tr>
<tr>
<td>Account Number</td>
<td>Address</td>
</tr>
<tr>
<td>Bill to</td>
<td>City/State/Zip</td>
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<tr>
<td>Phone Number</td>
<td>Phone Number</td>
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<tr>
<td>Email</td>
<td>Email</td>
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<tr>
<td>Buyer</td>
<td>Desired Delivery Date</td>
</tr>
<tr>
<td>PO Number</td>
<td></td>
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</tbody>
</table>

Please mail your completed Ottobock order form and a negative impression of the patient’s limb to the address below. An Ottobock Fabrication Coordinator will contact you.

**Shipping Options:**
- [ ] UPS Next Day
- [ ] UPS Ground
- [ ] UPS 2-Day
- [ ] Other

Once this form is complete, please send to Ottobock via fax or email.

- [ ] Order
- [ ] Quote Only

**For clinical questions, call 800 328 4058.**

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Patient Information:

Patient Name ___________________________ Patient Weight ______ lbs. □ Left □ Right Pathology ___________________________

Activity Level: □ Low (household ambulator) □ Moderate (community ambulator) □ High (unrestricted ambulator)

Select Type of AFO

□ Standard AFO

Trim: □ Blank (untrimmed)
□ Rigid Standard (trim 1/2” anterior to malleolar apex)
□ Semi Rigid (trim at malleolar apex)
□ Flexible (trim 1/2” posterior to malleolar apex)
□ Custom (indicate trimline on negative wrap/cast)

□ Articulated AFO
□ Free Motion
□ Limited Motion

Indicate ___________________________

□ SMO
□ Floor Reaction
□ PTB Feature AFO
□ Bivalve/Clam Shell

Specify material for anterior shell: ___________________________

□ Unilateral
□ Check Orthosis

Correction to Cast

□ Ankle
□ Leave as casted
□ to 90° (standard)
□ to ______ ° plantarflexion
□ to ______ ° dorsiflexion
□ Tone reducing feature
□ Valgus/varus to neutral

Other Options

□ Liner options (mark all that apply):
□ Footplate
□ Malleolus Pad
□ Calf
□ Arch Pad
□ Medial
□ Lateral
□ Full Liner

Material Selection

□ Laminated*

Specify color ___________________________

* Check orthosis required prior to fabrication

Fred’s Legs Pattern ___________________________

Material Selection

□ Volara □ 1/8”
□ Bocklite □ 5/32”
□ Space-Tech (1/8” black)* □ 3/16”
□ Terry Cloth (1/8” blue)* □ 1/4”
□ Other □

* Only available in 1/8”

Components

(Ottobock Fabrication Services uses Ottobock components unless otherwise specified):

Ankle Joints ___________________________

Manufacturer ___________________________

(Please indicate joint axis and clearances on cast)

Catalog # ___________________________

 Stops ___________________________

□ Snapstop

Manufacturer ___________________________

Catalog # ___________________________

Special Instructions / Comments:

Standard AFO supplied with one 2" hook-and-loop strap, and chafe fastened on the lateral side. Extra straps are available for an additional fee.