

## Custom From Cast Noodle AFO Order Form

5513 WEST SLIGH AVE. TAMPA, FL 33634

Company:	= <b></b> = <b>.</b>
Location:	Noodle AFO Style:
Date: Date due: Practitioner: Patient name:	Cuff: Posterior Classic Posterior Hemi-spiral Anterior TA
Age:Height:Weight:  Male Female Activity level:  Pathology:  Cast position	Flexibility: Style: Flexible Normal Stiff Extra stiff  Flot: Contoured*: (must order with extra stiff strut)
Correct to	Normal Stiff
<u>Practitioner Notes and Drawspace</u>	Extra Stiff Heavy Duty Layup*
AFO Height:  Footplate Length:  ———————————————————————————————————	Pre-Tibial Shell*: (for use with posterior cuff)  Long Anterior Cuff*:
	Molded Foot Orthotic*: Molded Inner Boot*:
Chinning	Diabetic Insert Cork/EVA Rough Cork  SMO: 1/8" Polypropylene
Shipping:  Ground  3-day	T-Strap*:
☐ 2 day ☐ Next day PM ☐ Next Day AM	Color: Black Caucasian* Fabric*: