



# ValgaNoodle AFO Order Form

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Company: \_\_\_\_\_

Location: \_\_\_\_\_

PO#: \_\_\_\_\_

Date: \_\_\_\_\_ Date due: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Patient name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Male  Female

Activity level: \_\_\_\_\_

Pathology: \_\_\_\_\_

Cast position \_\_\_\_\_

Correct to \_\_\_\_\_

All Casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

Practitioner Notes and Drawspace

AFO Height: \_\_\_\_\_

Footplate Length: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Shipping:**      Ground  
                          3-day  
                          2 day  
                          Next day PM  
                          Next Day AM

**Left                      Right**

**Model:** \_\_\_\_\_

Posterior- VNP  
Anterior- VNA


**Strut:**      Medial      Lateral

Solid  
Dynamic/Flexible\*  
Articulated: \_\_\_\_\_

**Footplate:**

Flexibility:                      Style:

Normal

Standard: 

Stiff

Extra Stiff

Contoured: 

**Molded Inner Boot\*:**

UCBL: 1/8" Polypropylene  
SMO: 1/8" Polyethylene

**Molded Foot Orthotic\*:**

Diabetic Insert  
Cork/EVA  
Rough Cork

**T-Strap\*:**

**Color:**

Black  
Caucasian\*  
Fabric\*: \_\_\_\_\_