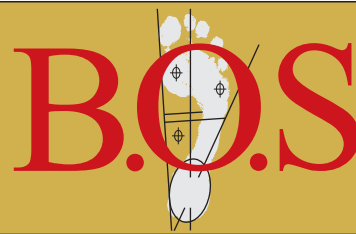


BESPOKE AFO'S

Prescription Order Form

Details



BIRMINGHAM ORTHOTIC SERVICES

0121 647 3565

Patients Name:

Order Number:

Hospital:

Orthotist:

Diagnosis:

B.O.S Order Number:

Date Required:

Invoice address:

Delivery address:

Account Number:

(Please tick required box)

CASTS: SINGLE LEFT ☐ SINGLE RIGHT ☐ BOTH ☐

(Please tick required box)

SAFO ☐ HAFO ☐ GFAFO ☐ PLS ☐ DAFO ☐

CAST DETAILS: (Please tick required box)

Indicate required angle of finished AFO at ankle

1. As Cast ☐ 3. Dorsiflexed ☐
2. 90° Degrees ☐ 4. Plantarflexed ☐

(Please tick required box)

Full Foot ☐ Mets ☐ Sulcus ☐

Finished Leg Height Heel Posting

(Indicate any special cast rectification details in comments section)

COMMENTS:

Lining		Pads	Poron <input type="checkbox"/>	PZ <input type="checkbox"/>
Full PZ Lining		Calf		
Calf PZ Lining		Arch		Navicular
Full Leather Lining		Medial Malleoli		
Calf Leather Lining		Lateral Malleoli		
Other:		Other:		

Ankle Joints				Ankle Reinforcements	
Tamarack		Dorsi Assit		Ribbed	
Large		Large		Carbon	
Medium		Medium			
Small		Small			
Other					

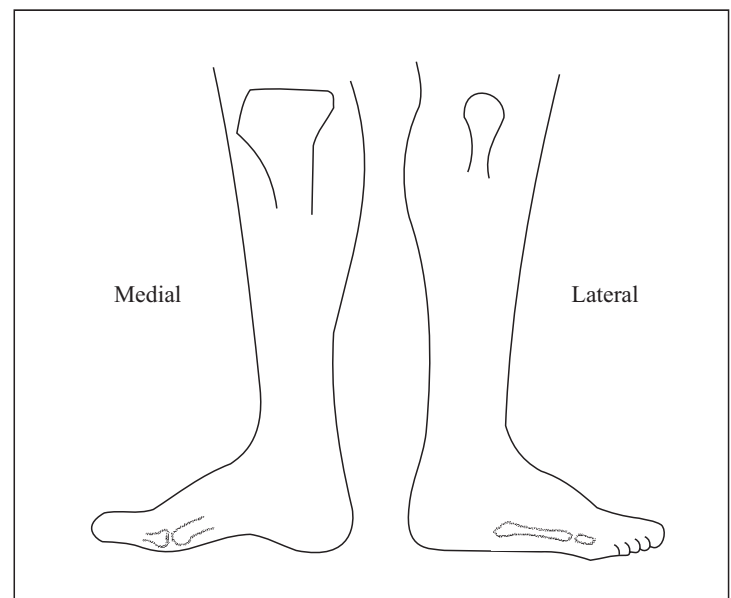
Straps and Pads	Calf	Ankle	Toes	Trim Lines	
Leather Backed Velcro				Normal	
Lay On Velcro				In front of ankle	
Through Loop				Behind ankle	
Buckle				As marked on cast	
Sliding Pad				Posterior cut out	
Other				Roll over top edge of cast	
				Other	

MATERIALS: (Please tick required box)

	3mm	4mm	4.5mm	6mm
Homopolymer				
Polypropylene				
Transfer Required:				
Specify Colour:				

TRIM LINES:

N.B Please ensure trim lines are exact noting position of Malleoli and Met Heads



ADDITIONAL INFORMATION:



FS 736237

Qf43 (1)

For Technical support please call our Customer Services on 0121 647 3565, or email enquiries@birminghamorthotics.co.uk