



Date: \_\_\_/\_\_\_/\_\_\_

**Bill To:**

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Casting Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ship to Same as Bill to Address:

**Ship To:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Patient information:**

Name: \_\_\_\_\_

DX: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Right Foot  Left Foot  Bilateral

**Mile High SAFO**

Style:  SAFO (Solid Ankle AFO)  PLS (Posterior leaf spring)

Color:  Natural (Standard Opaque Plastic)  White  
 Black

Trim:  Met Heads  Full Length  Sulcus

Lining:  None  Full Length  Foot Plate Only

Plastic:  Polypro  3/16"  1/4"  
 CO-Poly  3/16"  1/4"

**Revolution AFO**

12" (Standard)  Other \_\_\_\_\_

Shell Color:  Black  White  Blue

Inner Boot Color:  Black  White  Red

**Inner Boot Arch Suspension System**

Left  Lateral  Medial Right  Lateral  Medial

Distal Tibial Strap:  Include  Omit

**Mile High Dynamic AFO**

Joints:  Free Motion (Standard)  Dorsi-Assist

**Posting**

Forefoot:  Extrinsic  Intrinsic  
 Varus  Valgus Degrees \_\_\_\_\_

Rearfoot:  Extrinsic  Intrinsic  
 Varus  Valgus Degrees \_\_\_\_\_

**Mile High Maximus Brace**

Color:  Black

Joint:  Free Motion  Fixed

Special Additions:  Full Length Footplate (Plastic and covering)

Cast Modifications:  NONE--Leave As Cast  Correct Forefoot to Neutral  Correct Ankle Varus/Valgus  
 Correct Dorsi/Plantar Flexion To Neutral

Special Instructions: \_\_\_\_\_