

# The "Liberty" CUSTOM AFO BRACE ORDER FORM

SHIP TO: \_\_\_\_\_

BILL TO:(IF OTHER THAN SHIP TO) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

PATIENT NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: (CIRCLE ONE) M F HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

DIAGNOSIS/SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

CLOSURE: LACE (STANDARD)\_\_\_ VELCRO\_\_\_ OR COMBINATION (TOP VELCRO TO COVER TOP OF LACE BAR)\_\_\_

AFO TYPE: SOLID (STANDARD)\_\_\_ CUT-OUT HEEL\_\_\_ LEAF\_\_\_

HEIGHT: 8"\_\_\_ STANDARD (REQUIRES MID-LEG CAST 6" ABOVE ANKLE) 5"\_\_\_ (REQUIRES MID CALF CAST)

OTHER\_\_\_ (INDICATE) \_\_\_\_\_

LEATHER COLOR: BLACK\_\_\_ BROWN\_\_\_ BONE\_\_\_

MEASUREMENTS: 1) CIRCUMFERENCE OF ANKLE AT MALLEOLUS \_\_\_\_\_ INCHES (WIDEST AREA)

2) DIAMETER OF FOREFOOT \_\_\_\_\_ INCHES

3) CIRCUMFERENCE OF ANKLE AT HIGHEST POINT \_\_\_\_\_ INCHES

4) CIRCUMFERENCE OF CALF (WIDEST POINT) \_\_\_\_\_ INCHES

SHIP METHOD: GROUND (STANDARD)\_\_\_ AIR (2 DAY)\_\_\_ AIR (NEXT DAY)\_\_\_

INDICATE SIZE OF CAST SOCK TO RETURN (IF ANY): MED\_\_\_ LARGE\_\_\_ X-LARGE\_\_\_

## Send Cast and Order Form To:

NewGen Advanced Orthotics Laboratory

7730A Trinity Road, #105

Cordova, TN 38018

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