Lakeshore CENTRAL FAB

Articulating AFO Work Order

Lakeshore Central Fab. 4605 Detroit Ave | Cleveland, OH 44102 ph: 216-651-0110 | fax: 216-651-5105 fab@lakeshorecfab.com

Practitioner _____

Address _____

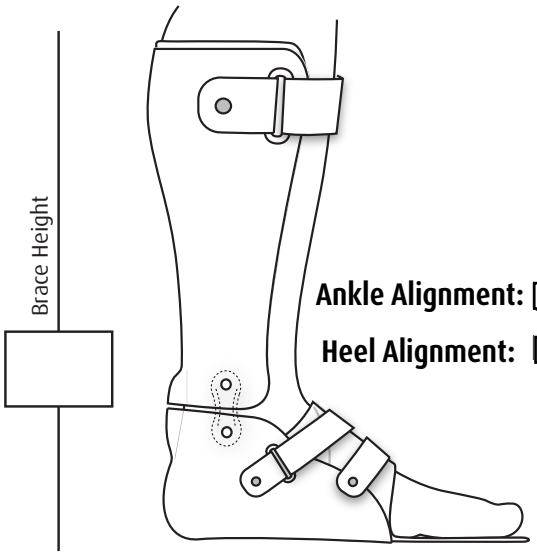
Phone #_____

Patient Name_____

☐Left ☐Right ☐ Bilateral

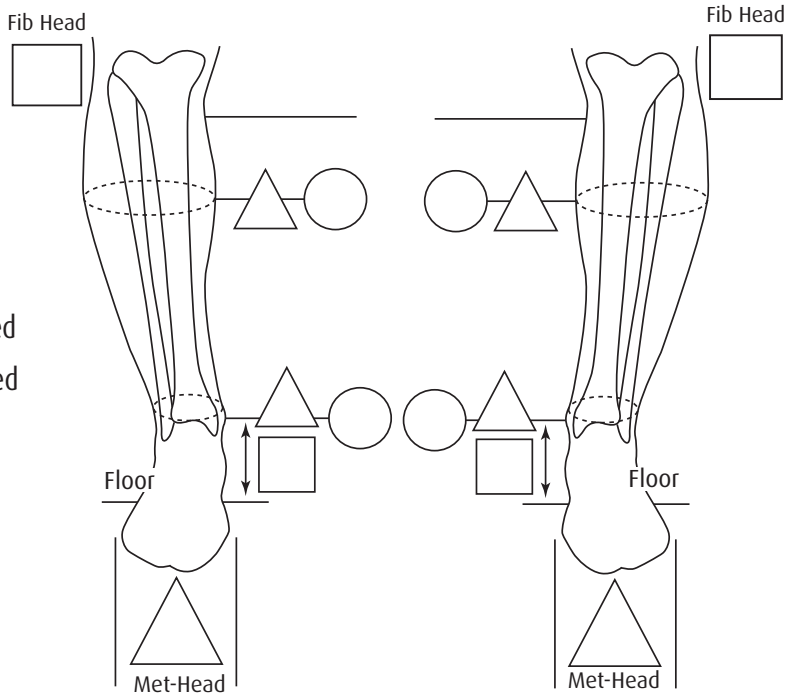
Age_____Height_____Weight_____

Activity Level_____



Ankle Alignment: ☐90° ☐As Casted

Heel Alignment: ☐Neutral ☐As Casted



Type of Plastic: ☐ Copoly ☐ Poly Pro

Plastic Thickness: ☐1/8" ☐5/32" ☐3/16" ☐1/4"

Color: ☐White ☐Black ☐Transfer Pattern_____

Inner Boot: ☐Yes ☐No

Joint Type: ☐Tamarack ☐Oklahoma ☐Other_____ ☐ 90° Plantar Stop ☐Other_____

Trimlines: ☐Solid ☐Semi-Solid ☐PLS

Footplate: ☐Full Length ☐3/4" ☐Sulcus

Standard Ankle Strap: ☐Yes ☐No

Internal Ankle Control Strap: ☐Varus ☐Valgus

Strap Color: ☐White ☐Black

Strap Size Calf: ☐1" ☐1.5" ☐2"

Strap size Ankle : ☐1" ☐1.5" ☐2"

Padding Type: ☐Volara ☐P-Lite ☐Other_____

Padding Location: ☐Posterior Calf ☐Footplate ☐Other Location_____

SPECIAL NOTES