

2800 NE Loop 410
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San Antonio, TX 78218
Phone/Fax
1-833-2FABLAB
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Company _____
Contact _____
Number _____
Date Needed _____
PO #. _____

Standard
fabrication time
4-5 days.
Expedited
fabrication
available for an
additional charge.

AFO FABRICATION FORM

Patient Name _____ RIGHT LEFT BILATERAL

SMO PLS Solid Ankle AFO Articulated AFO Ground Reaction

Plastic:

- Copoly 1/8 5/32 3/16 1/4
- Polypro 1/8 5/32 3/16 1/4
- Other _____

- Corrugation _____

Color: _____ Natural _____ Black

- Transfer paper _____

Inner boot:

- No pad
- Full padded
- Pads _____

Joint:

- None
- Oklahoma
- Tamarack P M L
- Dorsi Assist Tamarack
P M L 75 85 95
- Other _____

- Cut ankle
- Leave un-cut

Special Instructions:

Stops:

- None
- Plastic
- MC 755
- PAS-100
- Other _____

Heel Post:

- None
- Plastic
- Crepe

Strap:

Calf 1" 1.5" 2"

- C-fold
- Dacron
- Pre-made
- Other _____

Ankle 1" 1.5" 2"

- None
- C-fold
- Dacron
- Pre-made
- Other _____

Padding:

- Full Partial
- Foot Calf
- Volara 1/8 3/16 1/4
- Other _____

Modifications

Special Mods:

- Inner Boot
- Anterior Shell
- Dorsal Wrap

Heel Height:

Right 0 1/4 3/8 1/2 5/8
Left 0 1/4 3/8 1/2 5/8

Ankl

- Right
- As is
- Correct to 90 degrees
- Correct to _____
- Left
- As is
- Correct to 90 degrees
- Correct to _____

Hind Foot:

- Right
- As is
- Neutral
- Left
- As is
- Neutral

For Foot:

- Right
- As is
- Neutral to hindfoot
- Left
- As is
- Neutral to hindfoot