

## PARTIAL FOOT Order Form

All Partial Foot orders must be shipped to our Chattanooga location.

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

Contact: \_\_\_\_\_  
P.O. #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

SHIP VIA:     UPS                       FedEx                       Cust. P/U  
SERVICE:     Ground                       3-Day                       2-Day  
                     ND Saver                       Next Day                       ND Early AM

<b>SHIP TO:</b>	<b>BILL TO:</b>	<input type="radio"/> Same as Ship To
Acct #: _____	Acct #: _____	
Name: _____	Name: _____	
Address: _____	Address: _____	
Address 2: _____	Address 2: _____	
City, State, Zip Code: _____	City, State, Zip Code: _____	

### PATIENT INFO

Patient ID: \_\_\_\_\_  
Height: \_\_\_\_\_                      Weight: \_\_\_\_\_

### SHOE INFO

Included shoes with cast (Recommended)     Shoe insert tracing    Shoe Size: \_\_\_\_\_    Sound Side Foot Length: \_\_\_\_\_

### AMPUTATION SIDE

Left                       Right

### AMPUTATION LEVEL

Great Toe                       TMA                       Lisfranc                       Chopart  
 Other \_\_\_\_\_                       Surgical                       Congenital

Date of Amputation: \_\_\_\_\_

### ALLARD AFO CHOICE

**BlueROCKER® 2½**                      Recommended for all PFAs proximal to and including great toe amputations  
 **ToeOFF® 2½**                      May be considered for 2 - 5 toe amputations

### PADDING OPTIONS

**ComfortKIT™** (Recommended) Premium 9mm memory foam interface for patients requiring added cushioning and a more intimate fit due to the shape of the tibia, skin condition, diabetes, and/or activity level.  
 **SoftKIT™** Soft foam in 6mm thickness.  
 **CoverKIT™** Soft interface combined with a spandex sleeve to cover the AFO (Recommended for venous insufficiency)

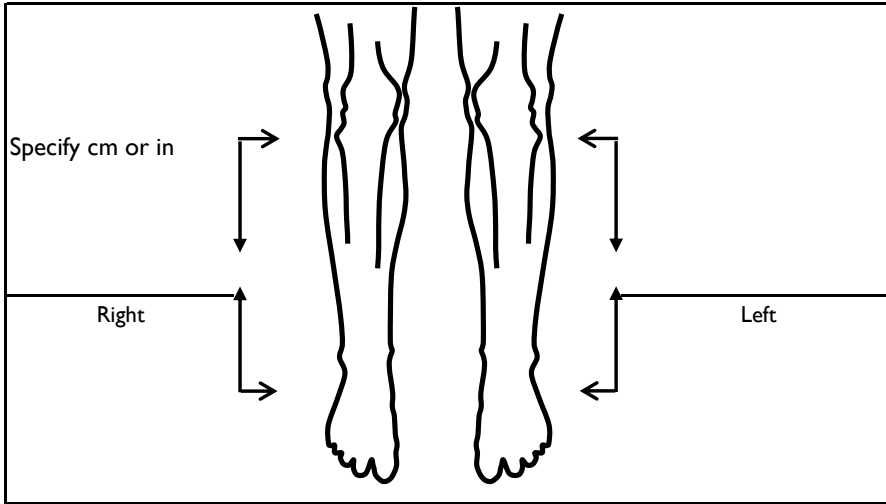
### DISTAL CUSHION

Yes  
 No    Cont'd

**CARBON FOOT PLATE ONLY (Requires tracing of foot or shoe insert)**

- Left Qty \_\_\_\_\_
- Right Qty \_\_\_\_\_

**STANDING LIMB LENGTH - Fibular head to floor**



**SAGITTAL PLANE CALCANEAL INCLINATION ANGLE**

**Weightbearing Actual**

- 25°
- 20°
- 15°
- 10°
- 5°
- 0°



**Available ROM**

- 25°
- 20°
- 15°
- 10°
- 5°
- 0°



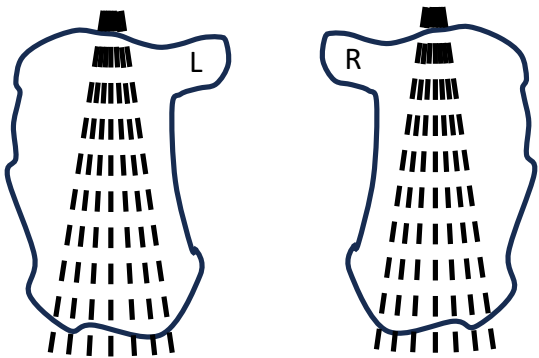
**Wedge Fabrication Order**

- 25°
- 20°
- 15°
- 10°
- 5°
- 0°



**FRONTAL PLANE CALCANEAL INVERSION-EVERSION**

**Weightbearing Actual**



+6 +4 +2 0 -2 -4 -6      +6 +4 +2 0 -2 -4 -6

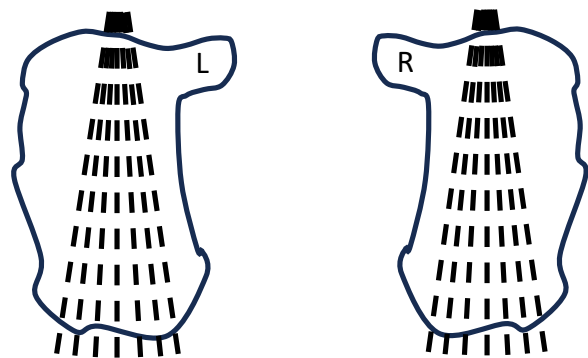
circle one

circle one

Inversion      Eversion

Eversion      Inversion

**Post-Fabrication Order**



+6 +4 +2 0 -2 -4 -6

+6 +4 +2 0 -2 -4 -6

circle one

circle one

Lateral      Medial

Medial      Lateral

**SPECIAL INSTRUCTIONS:**

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