

In Lab use only	
Carve File	
Carve File	
Foam Blank	

In Lab use only	
PT#	
PO#	
Claim#	

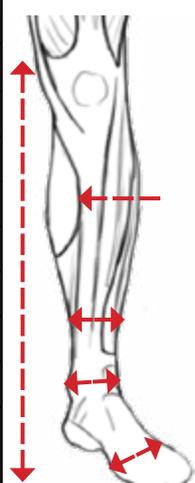
## THERMOPLASTIC AFO FABRICATION FORM

Patient Name:				ID#:	PO#:	<b>Due Date(mm/dd/yy)</b>	
Male	Female	Age:	Weight:	Height:			
				Diagnosis:			
Company Name:					Contact Name:		
Shipping Address:					Phone:	Ext:	
Billing Address:					Email:		
Shipping:	Ground	3Day Select	2nd Day Air	2nd Day Air A.M.	Next Day Air Saver	Next Day Air	

### JOB SPECIFICATIONS

ORTHOSIS TYPE	SMO	UCBL	AFO	Type
Affected Side:	<b>BILATERAL</b>			<b>LEFT RIGHT</b>
<b>Ankle Joint:</b>				
<b>Plantarflexion Stop:</b>	None			
Std/Molded	Adjustable=			
<b>Anterior Panel:</b>	None	Sliding		
Interlocking	Lined w/			
PADDING				
Fully Lined	Calf	Navicular		
Malleoli	Heel	Plantar		
<b>Pad type:</b>				
<b>Color: Opt1:</b>	Opt2:			
<b>Thickness:</b>	1/8	3/16	1/4	
Pad Before Pull	Pad After Pull			
Inner Boot = Type:				
VARUS/VALGUS CONTROL				
Varus/Lateral	Valgus/Medial			
<b>Padded:</b>	No	Before Pull	After Pull	
PLASTIC				
<b>Type:</b>	<b>Thickness:</b>			
PLASTIC COLOR - TRANSFER				
Option 1:				
Option 2:				
<b>Heel Posting:</b>				
Crepe	Molded Plastic			
Tread =	Black	White		
STRAPS				
Calf	Wrap Around			
Instep	Attach Instep strap medial / <b>Chafe lateral.</b>			
Forefoot	Child Proof	K-Chafe		
<b>Other:</b>				
<b>Color Option 1:</b>				
<b>Color Option 2:</b>				

Measurements		
Same meas. both sides.	Left	Right
AFO Height:		
Fib Neck Height:		
Ankle Ctr. Height:		
Calf Circ.:		
Prox. Ankle Circ.:		
Prox. Ankle M/L:		
Ankle M/L:		
Met M/L:		
Length of Foot:		
Footplate Length:		



<b>Modification:</b>	
<b>Leave cast as is:</b>	
<b>Set Ankle at:</b>	<b>Valgus-Varus:</b>
Proximal Flare	Dorsal Wrap
<b>Footplate Length:</b>	
<b>Forefoot Trim:</b>	

Additional Information:

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

**CONTACT US: PHONE:** 813.514.4409  
**FAX:** 813.565.0994

**ORDERING:** orders@wcbllfab.com

**SHIPPING ADDRESS**  
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