



In Lab use only	
Carve File	
Carve File	
Foam Blank	

In Lab use only	
PT#	
PO#	
Claim#	

PREPREG AFO / KAFO FABRICATION FORM

Patient Name:				ID#:	PO#:	Due Date (mm/dd/yy)	
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	UPS account#

JOB SPECIFICATIONS

DEVICE TYPE:		Affected side:	Bilateral	Left	Right
KAFO DESIGN			AFO DESIGN		
Knee Joint Part#:			Calf Design:		
Ball Retainer: Yes No			Strut Design:		
Bar Upright:			Bar Upright:		
Bar Material:			Ankle Joint:		
Bar Size:			Motion Desired:		
Lock Release:			Plantarflexion Stop:		
Location:			Foot Design: Semi Rigid Rigid		
Condylar Extensions:			Inner Boot Design: (Proflex Inner Boot) Low Profile High Profile (SMO)		
			Sabolich Extensions:		

DEFINITIVE OPTIONS

<p><u>STRAPS</u></p> <p>Thigh Calf Instep</p> <p>Knee Control Full Knee Cap</p> <p>Others:</p> <p>C-Fold Strap (Std.) or Dacron Strap</p>	<p><u>LINER OPTIONS</u> (Includes 2 sets, 1/8" standard)</p> <p>Note: The EVA liner is not removable and will not come with a second set of liners.</p> <p>EVA-black (Std.) Thickness: mm ComforTex-black</p> <p><u>FOOT PLATE LINER OPTIONS</u></p> <p>1/8" EVA black (Std.) Other:</p>
<p><u>THIGH TONGUES</u></p> <p>No tongues (Std.) Floating</p> <p>Lateral attached</p> <p>Others:</p>	<p><u>FINISH</u></p> <p>Finished black carbon (Standard if no option selected)</p> <p>Fabric design: (Fred's Legs Sleeve)</p>

MEASUREMENTS AND MODIFICATION

Ankle clearance for ankle joint(s)

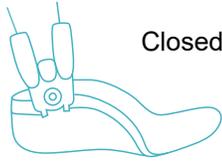
3/16" (standard) Other:

Jointed Lower Leg Optional Designs

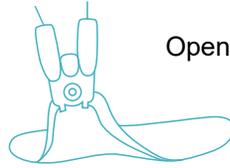
Posterior Calf (standard if no option selected)

Floor Reaction Anterior Calf (not applicable to leaf spring design)

Foot Plate Design:



Closed heel foot plate



Open heel foot plate:

Maintain Arch shape (standard if no option selected)

Mild Arch shape (standard if no option selected)

Measurements were taken:

Supine
Semi Weight Bearing

Ankle Alignment:

Neutral(Std.)

As is Correct to:

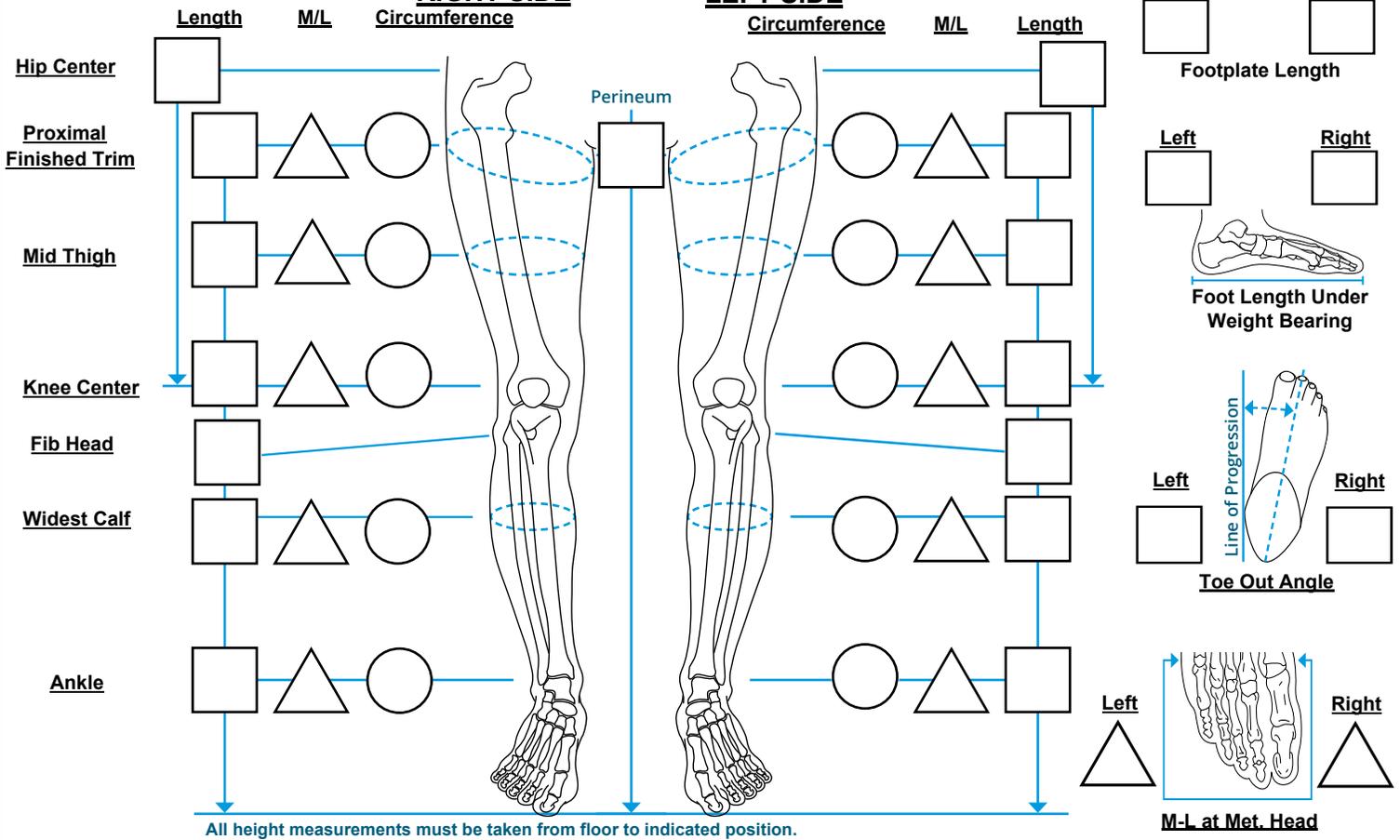
Knee Alignment:

Neutral(Std.)

As is Correct to:

RIGHT SIDE

LEFT SIDE



All height measurements must be taken from floor to indicated position.

Heel Height:

3/8"(Standard)

Other:

Additional Instructions:

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

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ORDERING: orders@wcbfab.com

SHIPPING ADDRESS

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