

If you are emailing a scan, please include the completed order form along with the scan to inovaorthopedicsadmi@gmail.com. To help us in tracking orders that are mailed, please email completed forms to: inovaorthopedicsadmi@gmail.com then mail the order form along with casts or crush box to: 218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

Specialty AFO Designs

Date Mailed: _____
Date Needed: _____
(Standard fab time 10 days in house)
3 Day Rush Order: \$75.00

PO #: _____ Acct #: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Patient Information


Patient Name: _____ M F SHOE SIZE _____

Dx: _____ Lt Rt BIL


**PLEASE PROVIDE FOOT TRACING.
SHOE REQUIRED FOR PARTIAL FOOT**

Cast Correction:
 Leave as casted
 Ankle to 90°
 Hindfoot to Neutral
 Forefoot to _____


Neurowalker
 1" below FH (offloading) 9" Above Ankle
Color Options:
 SAND BLACK WHITE BROWN PINK
 GREY BRANDY NAVY BLUE
Closure Options:
 LACES VELCRO SPEED LACES BOOT HOOKS



Off-Loading Leather AFO
Color Options:
 SAND BLACK WHITE BROWN PINK
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS



Open Toe Walker
Color Options:
 SAND BLACK WHITE BROWN
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS



Partial Foot Gauntlet (Shoe Required)
Color Options:
 SAND BLACK WHITE BROWN PINK
 GREY BRANDY NAVY BLUE
Closure Options:
 LACES VELCRO SPEED LACES
 BOOT HOOKS



Additional Multi-Density Insoles: Number of extras _____

Can be ordered as Partial Foot Walker with Full Sole

- Surgical Opening
- Scan & Save Mold

Remarks/Instructions: _____

