

Ankle Foot Brace Order Form

Date: _____




Patient Name: _____

Shoe Size: _____ Lower Leg Circumference (10" from Floor): _____

Practitioner Name: _____

Clinic Name: _____ Phone: _____

Address: _____

To Order: Check the Brace and Options		
Blaze® for Medial Instability	Cuboid Lock® for Lateral Instability	Step-Smart® for Drop Foot
 <ul style="list-style-type: none"> <input type="checkbox"/> BLAZE FRAME (Item#: AFO-MI / L-CODE: L1970) <input type="checkbox"/> MEDIAL MALLEOLAR WINDOW (Item#: MMW / L-CODE: L2275) <input type="checkbox"/> TOP COVER (Item#: TCI / L-CODE: L2820) <p><small>US Patent #7,429,254</small></p>	 <ul style="list-style-type: none"> <input type="checkbox"/> CUBOID LOCK FRAME (Item#: AFO-LI / L-CODE: L1970) <input type="checkbox"/> LATERAL MALLEOLAR WINDOW (Item#: LMW / L-CODE: L2275) <input type="checkbox"/> TOP COVER (Item#: TCI / L-CODE: L2820) <input type="checkbox"/> I-STRAP (Item#: I-STRAP / L-Code: L2270) <p><small>US Patent #7,429,254</small></p>	 <ul style="list-style-type: none"> <input type="checkbox"/> STEP-SMART FRAME (Item#: AFT-DA / L-CODE: L1970) <input type="checkbox"/> JACOB JOINTS x 2 (Item#: JJDA / L-CODE: L2210) <input type="checkbox"/> TOP COVER (Item#: TCI / L-CODE: L2820) <input type="checkbox"/> I-STRAP (Item#: I-STRAP / L-CODE: L2270) <p><small>US Patent #7,682,322</small></p>

FULL LENGTH TOP COVER (NOT RECOMMENDED) - (Item#: FLTC / L-CODE: L2820) - Additional \$35.00

PROVIDER NOTES: