



# ADVANCE AFO BRACES

Order Form

PLEASE SEND ►

☐ US Mail Labels ☐ UPS Labels ☐ Order Forms ☐ Barcoded Address Labels ☐ Other \_\_\_\_\_

P.O.#																			
Patient First Name																			
Patient Last Name																			

Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight (required) \_\_\_\_\_ Height (required) \_\_\_\_\_

Shoe Size (required) \_\_\_\_\_ Shoe Style \_\_\_\_\_

☐ Return Casts (\$25.00 with original order) ☐ Shoes Enclosed ☐ Insoles Enclosed

✕ \_\_\_\_\_  
Physician's Signature (required)

## NOTES


To expedite the processing of your order, please call ahead with questions.

Please apply barcode label here.

## SHIPPING ▼ Shipping Address: If different than billing address

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PAYMENT ▼ ☐ Check Enclosed CHECK# \_\_\_\_\_ \$ \_\_\_\_\_

☐ MC ☐ Visa ☐ AmEx ☐ Credit Card on File ☐ BILL My SOLO Account

CARD # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ EXP. DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## ADVANCE GAUNTLET (ALL FIELDS REQUIRED)



☐ SEMI-RIGID



☐ FLEXIBLE



☐ ARTICULATING

☐ Dorsi - Assist

Activity Level	<input type="checkbox"/> Non Ambulatory <input type="checkbox"/> Low / Transfer <input type="checkbox"/> Medium <input type="checkbox"/> High / Active
Diagnosis	<input type="checkbox"/> Posterior Tibial Tendon Dysfunction (PTTD) <input type="checkbox"/> Degenerative Joint Disease <input type="checkbox"/> Severe Pronation <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
Primary Reason for Device	
Clinical Observation	
Ankle	<input type="checkbox"/> Normal / Flexible <input type="checkbox"/> Limited <input type="checkbox"/> Fixed / Fused
Forefoot	<input type="checkbox"/> Normal / Flexible <input type="checkbox"/> Limited <input type="checkbox"/> Fixed / Fused
Footwear	<input type="checkbox"/> Comfort <input type="checkbox"/> Athletic <input type="checkbox"/> Extra Depth <input type="checkbox"/> Custom Molded

### CLOSURE TYPE

☐ All Laces ☐ Lace w/ Speed Hooks ☐ Boot Hooks  
☐ All Velcro® ☐ Combination (Laces with one Velcro strap at top)

### HEIGHT (MEASURED FROM BASE HEEL TO TOP OF COLLAR)

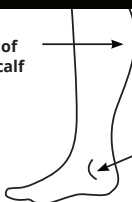
☐ 7" ☐ 9" ☐ As Marked on Cast ☐ Other \_\_\_\_\_

### CAST MODIFICATIONS

Ankle	<input type="checkbox"/> Correct to 90° <input type="checkbox"/> Leave as Casted
Forefoot	<input type="checkbox"/> Correct to Neutral <input type="checkbox"/> Leave as Casted

### CIRCUMFERENCE MEASUREMENTS

Circumference of  
widest part of calf



Circumference of ankle

### CHOOSE COLOR

☐ Black  
☐ Dark Brown  
☐ Medium Brown  
☐ Dark Beige  
☐ Light Beige  
☐ Wine  
☐ Bone  
☐ White  
☐ Denim

### ACCOMMODATIONS

☐ Plastizote Lining ☐ Styloid Pad  
☐ Metatarsal Pad ☐ Navicular Pad  
☐ Soft Spot Padding (Mark on Cast)

## ADVANCE STEADY (ALL FIELDS REQUIRED)

☐ Right Only ☐ Left Only ☐ Bilateral

### BRACE HEIGHT

☐ 9" (standard)

### CAST MODIFICATIONS

☐ Correct to 90° (standard) ☐ Leave as Casted

### SHELL OPTIONS

☐ 3mm Polypropylene (standard)  
☐ More Rigid  
☐ More Flexible



Velcro Straps  
Functionally  
Balanced AFO  
Shell

Soft Interface

DIABETIC OPTION: ☐

### SUGGESTED BILLING CODES\*

L1940  
L2330  
L2820

\*The codes contained herein are not the official position or endorsement of any organization or company. It is offered as a suggestion based on input from previous customers and professionals.