



3825 Investment Ln. Suite # 10 Riviera Beach, Fl. 33404 Phone (561) 840-6792 - Fax (561) 840-6799  
www.rightwaycms.com

To serve properly, please fill form out completely and legibly. Custom AFO Leather anklet work order

**COMPANY NAME:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Date: \_\_\_\_\_ Account # \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Weight £ \_\_\_\_\_

Occupation: \_\_\_\_\_

Had Rightwaycms before \_\_\_\_\_ Date \_\_\_\_\_

#### CAST MODIFICATION

Correct to Neutral \_\_\_\_\_

Fixed in Varus \_\_\_\_\_

Fixed in Valgus \_\_\_\_\_

Post in forefoot \_\_\_\_\_

Cut out Heel \_\_\_\_\_

**AFO STYLE** \_\_\_\_\_ **Color** \_\_\_\_\_

Standard 5" above Ankle \_\_\_\_\_

Tall 9" above Ankle \_\_\_\_\_

Full Calf Height \_\_\_\_\_

Velcro D-ring Normal Direction \_\_\_\_\_

Velcro Flat Normal Direction \_\_\_\_\_

Comboof those Selected \_\_\_\_\_

SpeedLace\* \_\_\_\_\_

Hook\* \_\_\_\_\_

Laces \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip. \_\_\_\_\_

#### DIAGNOSIS

Degenerative Joint Disease (DID) \_\_\_\_\_

Posterior Tibialis Tendon Disfunction (PTTD) \_\_\_\_\_

Charcotfoot \_\_\_\_\_

Trauma \_\_\_\_\_

Other \_\_\_\_\_

#### REMOVABLE CUSTOM MOLDED INSERTS

1/4" Pink + 1/8" Poron® + 1/4" Microcell®\* \_\_\_\_\_

Cover Leather\* \_\_\_\_\_

Other: \_\_\_\_\_

#### SPECIAL LINING

Standard Glove Leather\* \_\_\_\_\_

Extra Padding \_\_\_\_\_ Specify Area \_\_\_\_\_

Special Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_