

Date: \_\_\_\_\_ Company: \_\_\_\_\_ Date Back: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Type of Brace: \_\_\_\_\_

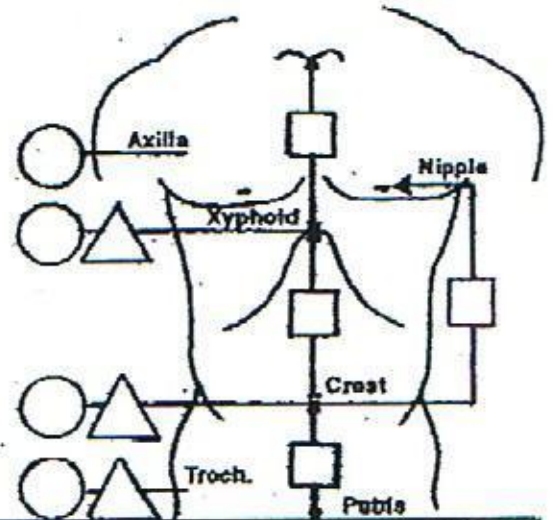
○ CIR.    □ HT.    △ M.L.

## SPINAL

LSO     TLSO   
Anterior Opening   
Posterior Opening   
Clamshell

MATERIALS: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_



## LOWER EXTREMITY

AFO  KAFO  KO  PTB  OTHER   
LEFT  RIGHT  BILAT

MATERIALS: POLYPRO  COPOLY  POLYETH

THICKNESS: 1/8  5/32  3/16  1/4

LINER Yes/No    THICKNESS    1/8 / 3/16

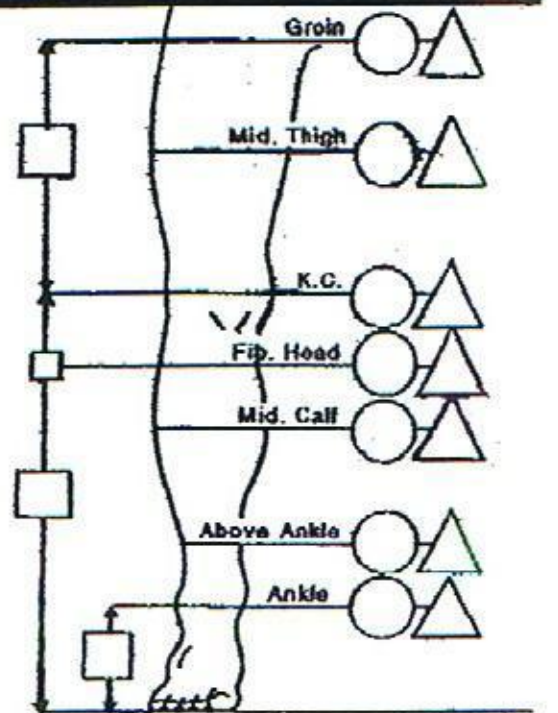
TONGUES Yes/No

KNEE JOINTS: \_\_\_\_\_

ANKLE: \_\_\_\_\_

Foot Plate trim MET  SULCUS  FULL

OTHER INFORMATION: \_\_\_\_\_





4450 NW 126th Avenue, Suite 106  
Coral Springs, FL 33065

Office: (954) 346-5402  
Fax: (954) 346-5403  
Toll Free: (877) 346-5402  
www.tidwellsorthotics.com

**ARTICULATING AMBER AFO**

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PO# \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ MALE/FEMALE

LEFT RIGHT BILATERAL

**STYLE:**

\_\_\_\_\_ STANDARD AVERAGE 5" ABOVE MALLEOLUS

\_\_\_\_\_ STANDARD TALL 7" ABOVE MALLEOLUS OR SPECIFY HEIGHT

\_\_\_\_\_ EXTENDED AFO 9" ABOVE MALLEOLUS FROM FLOOR

**CLOSURE:**

\_\_\_\_\_ BOOT HOOKS AT TOP \_\_\_\_\_ VELCRO \_\_\_\_\_ LACES \_\_\_\_\_ LACE&VELCRO

**COLOR:**

\_\_\_\_\_ BLACK/TAUPE/LUGGAGE TAN/BONE/NAVY/BROWN/WHITE

**CAST CORRECTION:**

ANKLE: LEAVE AS IS CORRECT TO 90 CORRECT TO NEUTRAL

FOREFOOT: LEAVE AS IS CORRECT TO 90 CORRECT TO NEUTRAL

**PATIENT PATHOLOGY:**

DEGENERATIVE JOINT DISEASE(DJD) TRAUMA CHARCOT FOOT

POSTERIOR TIBIALIS TENDON DISFUNCTION(PTTD)

OTHER: \_\_\_\_\_

**FOOT PLATE:** MET SULCUS

**ADDITIONAL CHARGES:**

HEEL CUTOUT 5.66 FULL LINER 20.00 FULL FOOT 11.84 90 DEGREE STOP 38.00

**SPECIAL INSTRUCTIONS:**

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**SHELBY AFO**

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PO# \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ MALE/FEMALE

\_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ BILATERAL

**CASTING REQUIREMENTS: SEMI WEIGHT BEARING**

**SHELBY STANDARD:**

BLACK WITH 1/8" ALIPLAST LINER, MEDIAL AND LATERAL FREE MOTION UPRIGHTS, 5" ABOVE ANKLE

**ANKLE JOINT:**

\_\_\_\_\_ OKLAHOMA JOINT-STANDARD

\_\_\_\_\_ TAMARAC ANKLE JOINTS-INCLUDED IN PRICE

\_\_\_\_\_ DORSI ASSIST \_\_\_\_\_ FREE MOTION

\_\_\_\_\_ CAMBER AXIS-\$90.00

**CAST CORRECTION:**

ANKLE: LEAVE AS IS CORRECT TO 90 CORRECT VALGUS/VARUS

FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

**FOOT PLATE TRIM:**

\_\_\_\_\_ ARCH SUPPORT STYLE \_\_\_\_\_ UCB STYLE

**FOOT PLATE LENGTH:**

MET-STANDARD SULCUS-STANDARD FULL FOOT-\$12.66

**UPRIGHT TRIM:**

\_\_\_\_\_ OPEN BACK \_\_\_\_\_ POSTERIOR SUPPORT

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**AMBER AFO**

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PO# \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ MALE/FEMALE

LEFT RIGHT BILATERAL

**CASTING REQUIREMENTS: SEMI WEIGHT BEARING**

**STYLE:**

\_\_\_\_\_ STANDARD AVERAGE 5" ABOVE MALLEOLUS  
 \_\_\_\_\_ STANDARD TALL 7" ABOVE MALLEOLUS OR SPECIFY HEIGHT  
 \_\_\_\_\_ EXTENDED AFO 9" ABOVE MALLEOLUS FROM FLOOR \_\_\_\_\_

**CLOSURE:**

BOOT HOOKS AT TOP VELCRO LACES LACE&VELCRO

**COLOR:**

BLACK/TAUPE/LUGGAGE TAN/BONE/NAVY/BROWN/WHITE

**CAST CORRECTION:**

ANKLE: LEAVE AS IS CORRECT TO 90 CORRECT TO NEUTRAL  
 FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

**PATIENT PATHOLOGY:**

DEGENERATIVE JOINT DISEASE(DJD) TRAUMA CHARCOT FOOT  
 POSTERIOR TIBIALIS TENDON DISFUNCTION(PTTD)

**OTHER:**

**FOOT PLATE: MET SULCUS**

PLASTIC: STANDARD 1/8" POLYPRO 5/32 PP SEMI-RIGID 3/16" PP RIGID  
 \* THE THICKER THE PLASTIC THE BULKIER THE BRACE

**ADDITIONAL CHARGES:**

HEEL CUTOUT 5.66 FULL LINER 20.00 FULL FOOT 11.84

**SPECIAL INSTRUCTIONS:**

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