



A.F.O. Prescription Form

Innovation Rehab Ltd
 Unit 7, Upper Littleton Mills Business Park,
 Winford, Bristol BS40 8HJ.

Tel: 01275 333317 Fax: 01275 333401
 e-mail: info@innovationrehab.co.uk www.innovationrehab.co.uk



Patients Name: _____

Hospital: _____ Tel: _____

Order No.: _____

Age: _____

Orthotist: _____

Sex: _____

Date Cast: _____ Date Required: _____

Orthosis:

Lt Rt Pair

Shoe Size: _____

Shoe Pitch: _____

Material: _____ Thickness: _____ Colour: _____

Transfer 1st Choice: _____ 2nd Choice: _____

Ankle Joint Type: _____ Carbon / Ribbed Reinforcement

S.T. Rect: Shallow Deep N/A

Posting: Intrinsic Extrinsic 'Neuro. posts': Met Dome

Full Foot: _____ 'Cast Correction': Peroneal Notch

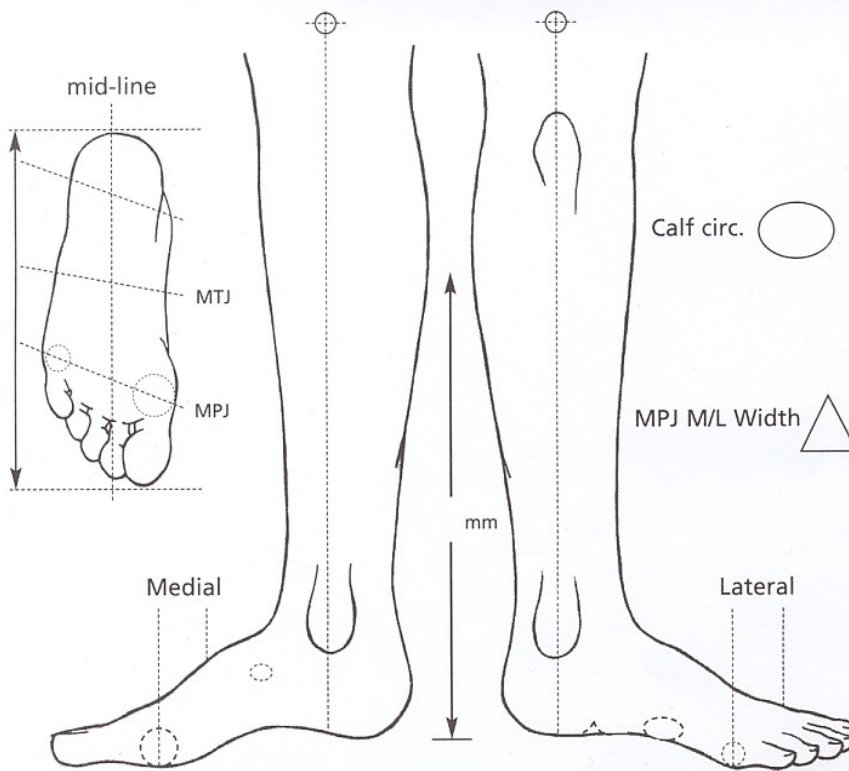
Sulcus: _____ As Cast 2-5th Toe Elevation

Behind MTH: _____ 90° Other

Strapping Requirements:

- Calf
- Heel
- MPJ
- Other
- R'Pull Velcro
- LAY on Velcro
- Unbacked Velcro
- Synthetic Backed
- Leather Backed

Outline Requirement



Lining / Padding Requirements:

Material

- Calf
- Full
- Maleolus
- Other

Additional Requirements