

In Lab Use	
Carve File	
Carve File	
Foam Blank	

In Lab Use	
PT#	
PO#	
Claim#	

**To Submit: Save file to your computer. Email or fax to Contact info below.**

### SILICONE AFO FABRICATION

Patient Name:				ID#:	PO#	
Male	Female	Age:	Weight:	Height:	Due Date: / /	
Affected Side: Left Right			Diagnosis:			
Company Name:				Contact Name:		
Shipping Address:				Phone:		
Billing Address: (if different)				Email:		
Shipping:	Ground	3 Day Select	2nd Day Air	2nd Day Air AM	Next Day Air Saver	Next Day Air

### JOB SPECIFICATIONS

Set Ankle at:		Correct Ankle (Varus/Valgus):	
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CLOSURE OPTIONS	
Velcro Straps	Pull On

SILICONE DUROMETER (HARDNESS)	
Medium	Firm
Please specify if you require multiple durometers in specific areas:	

Silicone Color:	Beige	Clear	Black
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Mark trim lines on cast or specify here:
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Additional Instructions:

**Important:** Mark on the cast where you want the proximal AFO to terminate. If scanned, please provide device height/length in the Additional Instructions.

CIRCUMFERENCES	
AFO	
Proximal	
10"	
9"	
8"	
7"	
6"	
5"	
4"	
3"	
2"	
1"	
0" Instep	
1"	
2"	
3"	
4"	
5"	
Distal	

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.