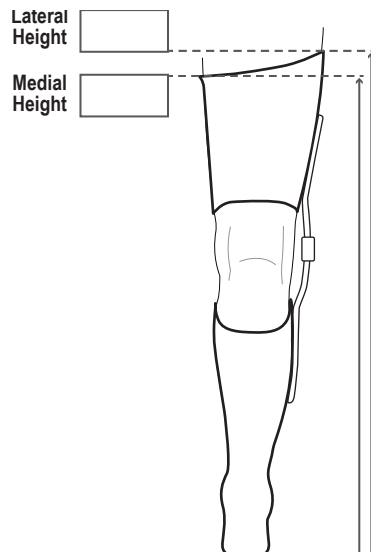


<b>Patient</b>	Last name:			
	First name:			
	Birth date:	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	Date cast:			
<b>Practitioner</b>	Last Name:			
	First Name:			
	Title/Credentials:			
	Email:			Phone:
<b>Billing</b>	Customer/Business name:			
	Street address:			
	City:	State:	Zip:	
	PO# / UCAN#:			
<b>Shipping</b>	<input type="checkbox"/> Shipping info is the same as Billing info.	<b>-OR-</b>		
	Shipping contact name:			
	Facility name:			
	Street address:			
	City:	State:	Zip:	

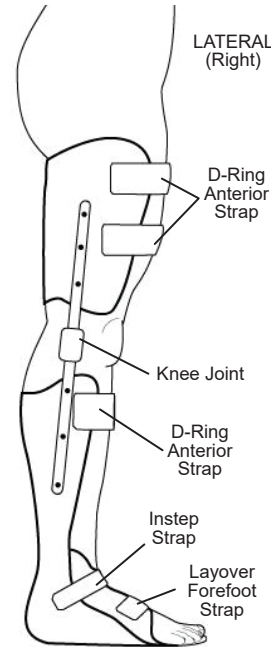
**NOTE:** If you don't choose an option, you will receive the **Standard**.

<b>AFO Style:</b>	<p><b>**NOTE:</b> Choose ONE of the five AFO styles below and include the corresponding order form.</p> <p><input type="checkbox"/> DAFO Turbo (<b>Standard</b>)</p> <p><input type="checkbox"/> DAFO Turbo Softy</p> <p><input type="checkbox"/> DAFO Tami2</p> <p><input type="checkbox"/> DAFO R</p>
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**FLOOR TO HEIGHT MEASUREMENTS**  
All measurements in millimeters (mm)



**Construction | Features | Options**



**Knee Joint**

<b>Hinge Style:</b>	<input type="checkbox"/> Off-set JMS Upright <input type="checkbox"/> Drop Lock <input type="checkbox"/> Posterior Off-set Free Motion <input type="checkbox"/> Step Lock <input type="checkbox"/> Adjustable Ring Lock
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<b>Additional Details:</b>	<input type="checkbox"/> Quick release lever* <input type="checkbox"/> Quick disconnect* <input type="checkbox"/> Knee pad* <input type="checkbox"/> Growth extension bar*
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<b>Knee Alignments:</b>	<input type="checkbox"/> Set Knee Flexion to _____ ° <input type="checkbox"/> Do not correct (cast alignment OK) Correct Knee Varus/Valgus to Neutral <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Special Instructions**