

AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

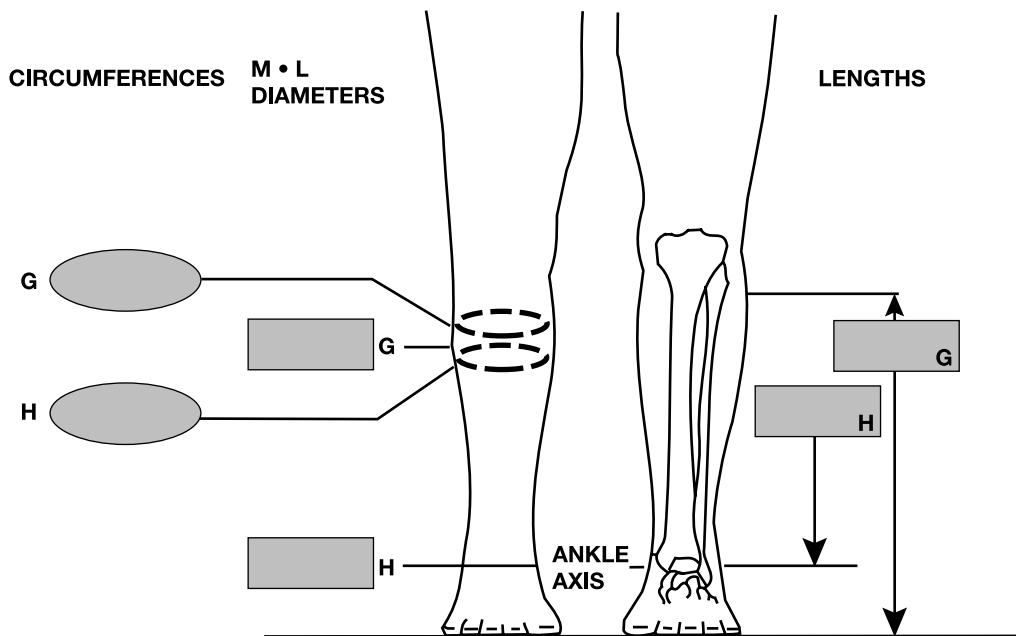
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip: _____

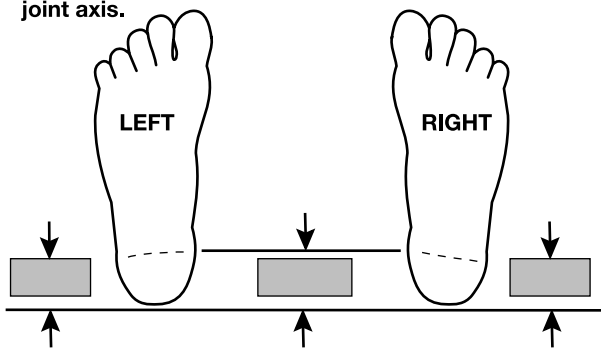
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: Inches Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

- Varus Valgus
- Flexible Rigid
- Degrees: _____
- Toe Out Toe In
- Medial Plane
- Lateral Plane
- Degrees: _____
- Heel Height: _____

Additional Instructions: _____
