Ankle Foot Orthosis (AFO) Order Form

TalarMade™ Custom

Order No: _____ Date: _____

Patient ID: _____ Clinic: _____

Clinician: _____ Required By: _____

AFO Type: Select Information Enclosed: Select

1 AFO TYPE

Select AFO Type

2 AFO HEIGHT

Height: mm Shoe Size: _____

Footplate: Select

Required Footplate Length: mm

3 REQUIRED POSITION

Ankle

☐ 90° ☐ As Cast

Plantar Flexed °

Dorsiflexed °

Heel Post

☐ Stabilising

☐ To 90°

Other: _____

Forefoot Position

☐ Neutral

Inverted: °

Everted: °

Toe Position

☐ Neutral

☐ Dorsiflexed to 90°

Dorsiflexed °

4 CAST RECTIFICATION

Build ups

Medial Ankle mm Navicular mm

Lateral Ankle mm Base of 5th mm

Heel Skive

Left	Right
Med. ☐ Lat. ☐	Med. ☐ Lat. ☐
mm	mm

5 MATERIALS REQUIRED

Materials: Select

Thickness: Select

Colour/transfer: 1 _____ 2 _____

Ankle Joint Type: Select

Ankle Reinforcements: Select

please mark position on draft

6 PADDING

Padding	Material	Thickness
☐ Medial malleolus		mm
☐ Lateral malleolus		mm
☐ Navicular		mm
☐ Base of 5th met.		mm
☐ Calf lining		mm
☐ Full lining		mm

7 STRAPS

Calf	☐ Left	☐ Right
Heel	☐ Left	☐ Right
Toe	☐ Left	☐ Right
Other:	☐ Left	☐ Right

All straps backed unless stated otherwise

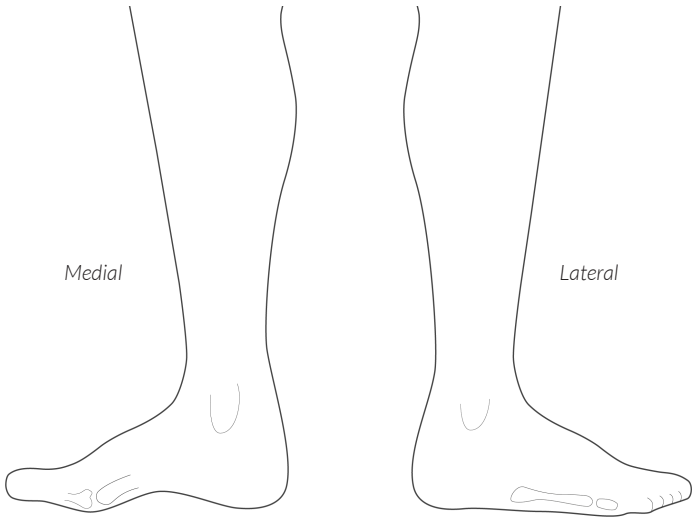
(Please state) _____

8 ADDITIONAL INFORMATION

Trimlines Required

Left: _____ Right: _____

(please mark for custom leg drawings)



TalarMade Custom Manufacturing Centre | Units 5&6 | Foxwood Industrial Park | Foxwood Close | Chesterfield | Derbyshire | S41 9RB T: 01246 268 456 | E: orders@talarmade.com | W: www.talarmade.com