

Ship to address:  
4825 East Ingram St.  
Mesa, AZ 85205  
Fax: 480.222.1599

Dispense Date: \_\_\_\_\_  
Work Order #: \_\_\_\_\_

## Thermoplastic AFO Collection



- Thermoplastic AFO**
- Color:**  Black  White
- Trim Line:**  PLS  Semi-Solid  Solid
- Plastic Type:**  Polypropylene  1/8  3/16  1/4  
 Co-Polymer  1/8  3/16  1/4



- Thermoplastic AFO - Articulated**
- Color:**  Black  White
- Hinge:**  Tamarack  Oklahoma  Camber Axis
- Tamarack Dorsi - Assist: Durometer -  75  85
- Plantar Stops:**  90° stop, plastic buttress  
 Adjustable Stop  
 Posterior Spring Assist
- Plastic Type:**  Polypropylene  1/8  3/16  1/4  
 Co-Polymer  1/8  3/16  1/4



- Arizona Optima Brace**
- Color:**  Black
- Hinge:**  Free Motion  Restricted



- Supra Malleolar Orthosis**
- Color:**  Black  White



- Split Upright**
- Color:**  Black
- Hinge:**  Tamarack  Oklahoma  Camber Axis
- Tamarack Dorsi - Assist: Durometer -  75  85



- AZ CROW Walker™**
- Color:**  Black  White

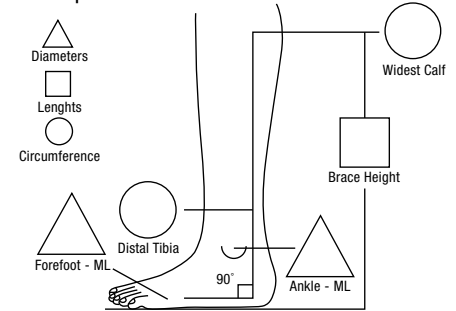
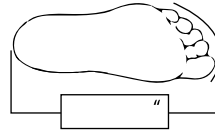


- Basis™ Slip-On**
- (Four-Way Stretchable Footwear/AFO Companion. Developed to Extend Home and Indoor AFO & Orthotic Wear Time For Up To Ten Hours Per Day. Sold Only in Pairs).
- Color:**  Black
- Gender:**  Male  Female **Size:** \_\_\_\_\_

- Additions:**  Carbon Ankle Inserts  Full Toe Plate
- Foam lining: Plastazote  1/8  3/16
- Foam lining: Aliplast  1/8  3/16

### Measurements - please include for optimal fit:

Indicate Location for Ulcer Reliefs



**Patient Information:**  Right Foot  Left Foot  Bilateral

Patient Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Gender:  M  F  
Dx: \_\_\_\_\_ D.O.B: \_\_\_\_\_

### Shipping and Billing Information:

Bill to my account:  
 Arizona  SafeStep Account # \_\_\_\_\_

Practitioner: \_\_\_\_\_

Email: \_\_\_\_\_

PO#: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Ship to address: \_\_\_\_\_

Bill to address: \_\_\_\_\_

### Shipping Options:

- Ground  3 Day Air  2 Day Air  Overnight

**Special Instructions:** If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:

- Leave cast exactly as is  Correct Ankle Varus / Valgus  
 Correct Forefoot to Neutral  Other \_\_\_\_\_

**Remarks:** \_\_\_\_\_