



Arizona AFO (877) 780-8382
SafeStep (866) 712-7837

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

Dispense Date: _____
Work Order #: _____

Gauntlet AFO Collection



Arizona Brace®

Standard (5" above ankle) Tall (9" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Brace® - Articulated

Standard Tall

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks

Hinge: Tamarack Tamarack Dorsi - Assist



Arizona Brace®

Unweighting (Proximal ht. 1" below fibular head)

Extended (Proximal ht. 1" below fibular head)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Sporty™

(5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Slim™ (Please note: No Plastic Shell)

(5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Mezzo™

Standard Partial Foot

Color: Sand Black White Brown

Closure: Laces



AZ Breeze™

Standard Tall

Color: Sand Black

Closure: Laces Velcro Speed Laces Boot Hooks



Moore Balance Brace™

Color: Sand Black

Closure: Laces Velcro

* Full foot & removable insole options not available on MBB

Bundle with Moore Balance Shoe (MBS)

Gender: _____ Size: _____ Width: _____



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: _____

Additional Charge options:

Foot plate to end of toes (Our standard trim length is proximal to met heads)

Removable, multi density insole

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: _____

Provide email to receive an email alert once this order has been shipped.

PO#: _____

Facility Name: _____

Phone: _____

Fax: _____

Ship to address: _____

Bill to address: _____

Manufacturing and shipping:

MFG:

3 Business Days (\$75.00) 7 Business Days (\$50.00)

Ship:

Ground 3 Day Air 2 Day Air Overnight

Other: _____

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:

The OHI Family of Brands

