

# AFO Measurement Chart

Business Name: \_\_\_\_\_  
 Orthotist Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 P.O. #: \_\_\_\_\_ Date Required \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Shipping Instructions: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Sex: M F

Circle Mfg. Instructions Below:

BRACE BY:  
 CAST or MEAS.

Materials:  
 1/8" 5/32" 3/16" or 1/4"  
 BOLT-iflex  
 LDPE  
 Copolymer  
 Polypropylene

LINER: Y N

FINISH: Y N

STRAP: Y N

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Send Order to:**  
 BOLT Systems, Inc.  
 Ph: 407-425-0012  
 Fax: 407-425-5554  
 1700 Silver Star Rd  
 Orlando, FL 32804

AFO: LEFT RIGHT BILATERAL  
 PLS SOLID CLAMSHELL, SEMI-SOLID,  
 WIDE PLS  
 NEGATIVE CAST  
 CORRECTION: DORSI \_\_\_\_\_,  
 PLANTAR \_\_\_\_\_, VARUS \_\_\_\_\_,  
 VALGUS \_\_\_\_\_

AFO ANKLE JOINT:

OVERLAP GAFFNEY GILLETTE  
 OKLAHOMA TAMARACK  
 CAMBER AXIS OTHER \_\_\_\_\_  
 MOTION CONTROL \_\_\_\_\_

