

## Pro.Sil AFO Order Form

<b>Ship To:</b>	Customer Account No.:
	Purchase Order No.:
	Clinician:
<b>Date Due:</b>	Contact Telephone:
	<b>Pt. Name/Reference:</b>
Urgent? <i>*Rush orders may attract an additional fee</i>	

### Patient Details

Weight      kg      Height:      cm

### Orthosis Details

Left      Right      Bilateral

### Pro.Sil Support

*With added stiffness through Dorsum*

### Pro.Sil Flex

*For a softer more flexible feel*

### Opening position:

Lateral      Medial      Posterior

### Closure type:

D-Ring with Straps      Zipper

### Additional Notes

### Colour:

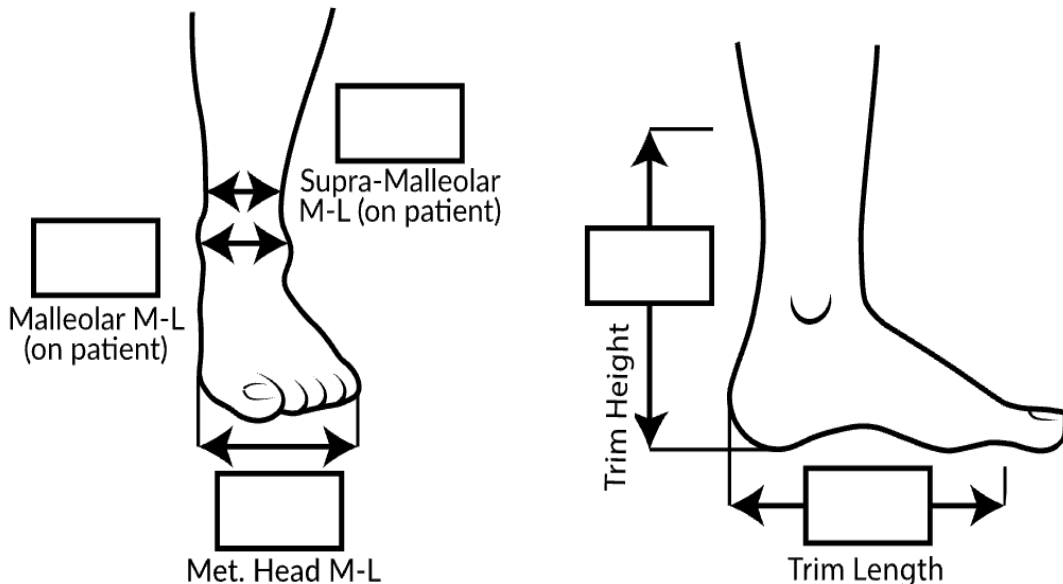
Translucent	Green
Peach	Orange
Red	Yellow
Blue	Black
White	Magenta
Light Brown	Dark Brown

*Please note some colour variations may occur between devices*

**Finish:** Matte      Gloss

### Casts

Casts should be taken semi or fully weight bearing. Casts must be provided within 5° of correct plantar flexion angle. Please ensure length and height of casts is sufficient. Please note any specific areas of off-loading you require



*Please note: No responsibility will be taken by Momentum Health Technologies for inappropriate or incorrect prescriptions. Devices will be made to the specifications identified on this form.*