

Open this form with a PDF reader which allows digital completion. Please fill in **ALL** the boxes.

## Patient and clinic details

Reference (If you are ordering on rehapp this is your rehapp order number):

Date



Date required\*

Clinician

Clinic




\*Please allow a minimum of 10 working days

Contact number

Email

Patient type




Strut strength

Activity level

Device required




Left

Right

## Shape capture method (choose one)

Measurements <input type="checkbox"/>	Scan* <input type="checkbox"/>	Cast <input type="checkbox"/>	Repeat <input type="checkbox"/>
<input type="text"/> Height(mm) <input type="text"/> Calf circ.(mm) <input type="text"/> Floor to apex of Malleoli(mm) <input type="text"/> Heel width(mm) <input type="text"/> Malleoli width(mm) <input type="text"/> Metatarsal width(mm) <input type="text"/> Shoe size <input type="text"/>	Scan type <input type="checkbox"/> Direct scan of limb <input type="checkbox"/> Positive plaster model Rectified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Height(mm) Must be below 390mm <input type="text"/> Shoe size Send the scan to: <a href="mailto:info@crispinorthotics.com">info@crispinorthotics.com</a>	Cast type <input type="checkbox"/> Negative cast <input type="checkbox"/> Positive cast Rectified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Height(mm) Must be below 390mm <input type="text"/> Shoe size Send the cast to: Crispin Orthotics Ltd, Wellfield House, Victoria Road, Leeds LS27 7PA	<input type="text"/> Previous order nr.



# Crispin Additive Dynamic AFO order form

Please fill in **ALL** the boxes.

## Design

<b>Strut position</b> <input type="checkbox"/> Medial  <input type="checkbox"/> Lateral	<b>Heel raise*</b> <input type="checkbox"/> Left <input type="checkbox"/> Right *enter details <input type="text"/>
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## Straps/lining

<b>Strap</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Calf band lining colour</b> <input type="text"/>
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## Cosmetics

<b>Colour of orthosis (the 3D printed part)</b> <input type="checkbox"/> Black <input type="checkbox"/> White
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## Footplate

<b>Footplate length</b> <input type="checkbox"/> Full <input type="checkbox"/> Sulcus <input type="checkbox"/> 3/4 length	<b>Footplate lining</b> <input type="checkbox"/> None <input type="checkbox"/> 1mm EVA
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## Additional instructions

Your message

Code for Dynamic including 1 strap and lining calf/footplate = **G131**