## Crispin Additive Supra AFO order form

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):
$\square$
$\square$
Date required* Clinician Clinic
$\square$
$\square$
*Please allow a minimum of 10 working days

| Contact number Email |  |
| :--- | :--- |
| $\square$ |  |

## Patient type

Choose an option

Activity level
Device required
Choose an option


Shape capture method (choose one)

| Scan* $\square$ | Cast $\square$ | Repeat |
| :---: | :---: | :---: |
| Scan type Direct scan of limb Positive plaster model <br> Rectified? $\square$ Yes $\square$ No $\square$ Height(mm) Must be below 390 mm $\square$ Shoe size <br> Send the scan to: info@crispinorthotics.com | Cast type Negative cast Positive plaster model <br> Rectified? $\square$ Yes $\square$ No $\square$ Height(mm) $\square$ Shoe size <br> Send the cast to: Crispin Orthotics Ltd, Wellfield House, Victoria Road, Leeds LS27 7PA | $\square$ <br> Height(mm) $\square$ <br> Shoe size $\square$ <br> Previous order nr. |

## Rectification/posting

Angle
Please specify the adjustment


Heel post
$\square$ Shank of DAFO to vertical $\square$ None $\square$
Please specify
$\square$
Rectification (standard rectification: 4 mm Malleoli)
$\square$ Additional to standard $\bullet$
Heel raise
Please specify
$\checkmark$ Left


Right $\square$

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Please fill in ALL the boxes.

## Straps/padding

Elasticated ankle strap
$\square$ Yes $\square$ No

Lay-over Dorsum strap
$\square$ None $\square$ Riveted

## Additional padding***

Choose an option

## Cosmetics

Colour of orthosis
$\square$ Black $\square$ White $\square$ Blue $\square$ Orange $\square$ Purple Choose an option

## Trimlines (PLS Style AFOs not possible)

Footplate length
$\square$ Full $\square$ Sulcus $\square$ 3/4 length

## Additional instructions

Your message

