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):							Da	ite	
Date required* Clinician				C	linic				
*Please allow a minimum	of 10 v	vorking days							
Contact number Email						Patient ty	/pe		
Activity level		Device	e required						
			eft Righ	t					
Shape capture method (choose one)									
Scan*			Ca	st			Repeat		

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

Rectification/posting

Angle	Please specify the adjustment
As cast Adjust my cast ►	
Heel post	Please specify
Shank of DAFO to vertical	None Other
Rectification (Standard rectification: 4mm Malleoli) Please specify the adjustment
Additional to standard >	
Additional to standard Heel raise Please specify	

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Please fill in **ALL** the boxes.

Straps/padding							
Elasticated ankle strap		Lay-over Dors	sum strap	Additional padding***			
Yes	No	None	Riveted				
***Any additional padding please schedule G185 x number of pads Cosmetics							
Colour of or	thosis	Lining colour					
Black White Blue Orange Purple Black							
Trimlines (PLS style AFOs not possible)							
Footplate length							
Full Sulcus 3/4 length							
Additional instructions							

Your message

Code for Supra including 2 straps and lining = G140