



3D PRINTED ARTICULATING ANKLE FOOT ORTHOSIS

Ordering Practitioner

DATE ORDER SUBMITTED _____

PO# _____

Practitioner _____

Title _____

Company _____

Phone _____

Email _____

Optional Cell _____

Shipping Address

Billing Address (if different than shipping)

Patient Information

Patient Last Name _____

Age _____ Height _____ Weight _____

Diagnosis _____

Circle all that apply:

PTTD (Left / Right) Planovalgus (Left / Right)

Cavovarus (Left / Right)

Ankle

_____ Correct to neutral dorsiflexion

_____ As-is on cast/model – do not correct

_____ Dorsiflexion assist

_____ Plantarflexion stop

Subtalar/Hindfoot

_____ Correct to neutral (vertical)

_____ As-is on cast/model – do not correct

Forefoot

_____ Neutral _____ Varus _____ Valgus

*1/8 inch P-cell foot bed lining is standard Proximal Trim Height:

_____ Fib Head _____ Gastroc-soleus

Color Choice: _____ Black _____ Blue _____ Pink _____ Grey

Additional Instructions: _____

Model Submission Method

Capture anatomy in neutral alignment
Photographs are encouraged

_____ 3D Surface Scan (preferred)

Label STL or OBJ file as PATIENT LAST NAME/PO#

Email with order form to:

david@functionalrestorations.com

_____ Fiberglass/Plaster Bandage

(Unfilled)

Email order for prior to mailing model.
Include copy of your order form with model.

Mail to:

Functional Restorations, Inc.

1821 Hillandale Road

Suite 1B-329

Durham, NC 27705

www.functionalrestorations.com

@functionalrestorations

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