
Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

Contact: _____

Patient Name (Last, First): _____

Age: _____ Weight: _____ Shoe Size: _____ Gender: Male Female

Diagnosis: _____

Sanned / Cast By: _____ Date: _____

Type: Right Left Bilateral

Color: Black White Chocolate Brown Light Beige
 Tan Pink Dark Beige (Taupe) Powder Blue

Closure: Lace Only Velcro Only Combo (Lace w/ Velcro Strap)

Brace Height: 6" Rolled Collar 7" 9" As Marked on Cast

Reinforcement: Flexible (2mm) Semi-Rigid (3mm) Firm (4mm)

Heel: Standard (Solid Plastic Heel) Small Plastic Cutout/Leather Covered

Ankle Corrections:

Correct Anterior/Posterior to 90° As Casted

Correct Medial/Lateral to 90° As Casted

Forefoot Corrections: Correct to 90° As Casted

Poly Footplate Length: Proximal to Met Heads Sulcus Full Foot

Leather Footplate Length: Proximal to Met Heads Sulcus Full Foot

Special Cast/Brace Modification Instructions:

Standard AFO



Check here if using RyboScan App:

Please scan and email this completed form to: Ryboscan@gmail.com

Check here if mailing a Cast:

Please include a copy of this Order Form, and write Doctor Name/Patient Name on each cast.

QUESTIONS? Please call 714-404-5179 prior to scanning or casting your patient.