BECKER Composite Triple Action® AFO *Order Form*

A Tradition of Excellence A Commitment to Innovation

574 Robbins Dr. Troy, MI 48083 | Phone: 800-521-2192 | Fax: 248-588-4555 | BeckerOrthopedic.com

PATIENT INFORMATION

Patient: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

PRACTIONER SHIPPING INFORMATION

Facility: _____

Clinician: _____

Address: _____

City: _____

State/Province/Region: _____ Zip: _____

Country: _____

Phone (Office): _____ Phone (Cell): _____

Fax: _____ Email: _____

DEVICE SELECTION

Single Upright Total Contact	Single Upright Flat Footplate**	Double Upright Total Contact
		
☐ Left ☐ Right	☐ Left ☐ Right	☐ Left ☐ Right

MEASUREMENTS+

☐ **Finished Height** _____

△ **Anatomical Ankle M/L** _____

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:

Right				*Left*	
Valgus ____°	Varus ____°	**Neutral***	**Neutral***	Varus ____°	Valgus ____°

Ankle Joint Alignment

◯ **Mechanical*** ◯ Other: _____

◯ Anatomical

CAST CORRECTION

Sagittal Ankle Correction

Ankle Alignment (dorsiflexion/plantarflexion)

◯ Do not correct

◯ **Correct to 4° DF***

◯ Correct to _____° ◯ DF ◯ PF

Coronal Hindfoot Alignment

◯ Do not correct

◯ **Correct to vertical***

◯ Correct to _____°

◯ Varum ◯ Valgum

Note: If you don't choose an option, the * (default) option will be selected for you.
+AFO From Scan Orthometry Form required when providing scanned model.
****Only available with single upright B size Triple Action.**

ORDER INFORMATION

PO#: _____

Warranty Information

Diagnostic Check Orthosis (DCO)

◯ Yes ◯ No

If **no**, please sign >

I understand the AFO will not be covered by the fit warranty if a DCO is not ordered.

_____ *Signature* _____ *Date*

TRIMLINE SELECTION

Footplate Length

◯ **Full Foot Length***

◯ Sulcus Length

Footplate Control

◯ **Full Control***

◯ Long Medial (Supination Control)

◯ Long Lateral (Pronation Control)

Ankle Control

☐ **None***

☐ Medial Supramalleolar Flare

☐ Lateral Supramalleolar Flare

Liners / Padding / Inserts

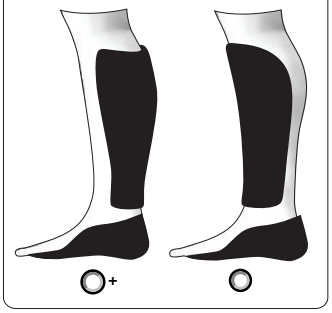
☐ **None***

☐ Extra Navicular Padding

☐ Plantar Footplate

☐ Calf Section

Please check the appropriate box to select finish trimlines



Footplate Stabilization

☐ **None***

☐ Heel

☐ Forefoot

☐ Heel Lift Height _____

SMO

◯ **None***

◯ Polyethylene

◯ EVA

JOINT SELECTION

Unilateral AFOs

◯ Triple Action Lateral / No companion joint

◯ Triple Action Medial / No companion joint

Bilateral AFOs

◯ Triple Action Lateral / Triple Action Medial

◯ Triple Action Lateral / Camber Axis ATA Medial

◯ Camber Axis ATA Lateral / Triple Action Medial

Size

(Scan QR code for sizing)

◯ A size

◯ B size

Product Information

Booster Options

☐ No Booster

☐ DF Resist Booster

☐ PF Resist Booster

**Refer to Triple Action Product Manual to select number of components and booster springs.*

SPECIAL INSTRUCTIONS