



Mile High Dynamic AFO Prescription Order Form

4970 MONACO ST. UNIT A
COMMERCE CITY, CO 80022
Phone: 866-710-4880
Fax: 303-288-3687

Date: ___/___/___

Bill To:

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Casting Contact: _____

e-mail: _____

Ship To:

Ship To Same as Bill Address:

Ship To Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

P.O. #: _____

Patient Name: _____ Male Female Weight: _____ Age: _____

Activity Level: Non Ambulatory Low / Transfer Medium High / Active

Diagnosis: Posterior Tibial Tendon Dysfunction (PTTD) Degenerative Joint Disease Severe Pronation
 Trauma Other: _____

Primary reason for the Device: _____

Clinical Observation:

Ankle: Normal/Flexible Limited Fixed / Fused Forefoot: Normal / Flexible Limited Fixed / Fused

Footwear: Comfort Athletic Extra Depth Custom Molded Shoe Enclosed

Independence: Left Right Bilateral

Forefoot Post:

Intrinsic Extrinsic Varus Valgus Degrees _____

Use Lab Discretion

Rearfoot Post:

Intrinsic Extrinsic Varus Valgus Degrees _____

Use Lab Discretion

Cast Modifications: Use Lab Discretion

Ankle: Correct to 90° Leave as Casted

Forefoot: Correct to Neutral Leave as Casted

Please Call For Consult

Independence Dynamic AFO



Joint Options:

Free Motion (Standard) Dorsi-Assist