

D.A.F.O. Measurement Form



www.freedomfabrication.com
815 North Main Street Suite B
Havana, Florida 32333
1.800.304.FREE

LEFT RIGHT BILATERAL

CORRECT FOR TONE REDUCTION: YES NO

CORRECT CAST TO _____ DEGREES OF DORSIFLEXION _____

HEIGHT IN INCHES _____

DEGREES OF INVERSION/EVERSION _____

MATERIALS DESIRED _____

THICKNESS DESIRED _____

COLOR OF PLASTIC _____

FOAM PADDING TYPE _____

COLOR OF PADDING _____

(please indicate pads on diagram)

VELCRO CLOSURES NEEDED

INSTEP STRAP FORE FOOT STRAP

GREAT TOE STRAP PROXIMAL STRAP

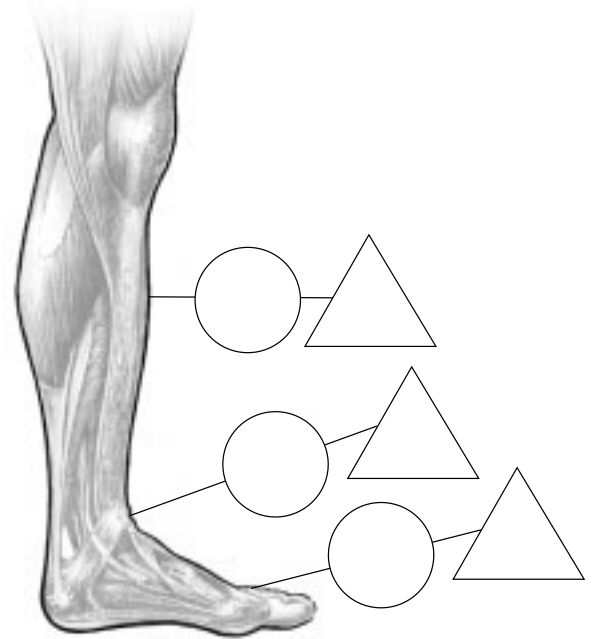
STRAP COLOR _____

DECORATIVE RIBBON STYLE _____

POSTING INSTRUCTIONS

NO POSTING POST HEEL ONLY POST ENTIRE BOTTOM

POSTING MATERIAL _____



Please indicate trim lines on the diagram. Thank you!

ADDITIONAL INSTRUCTIONS

PATIENT IDENTIFICATION _____

SHIP TO _____

SHIP VIA _____

MEASURED BY _____

BILL TO _____

P.O. # _____ **DATE DUE** _____