



# AFO and KAFO Measurement Form

22102 Carson Drive  
 Land O Lakes, FL 34639  
 Ph (813) 948-9406  
 Fax (813) 948-9129  
 www.MyCarbonExpress.com

Date: \_\_\_\_\_ PO# \_\_\_\_\_  
 Practitioner Name: \_\_\_\_\_  
 Patient Name/Identifier: \_\_\_\_\_  
 Age \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex \_\_\_\_\_  
 Activity Level \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

Modified By

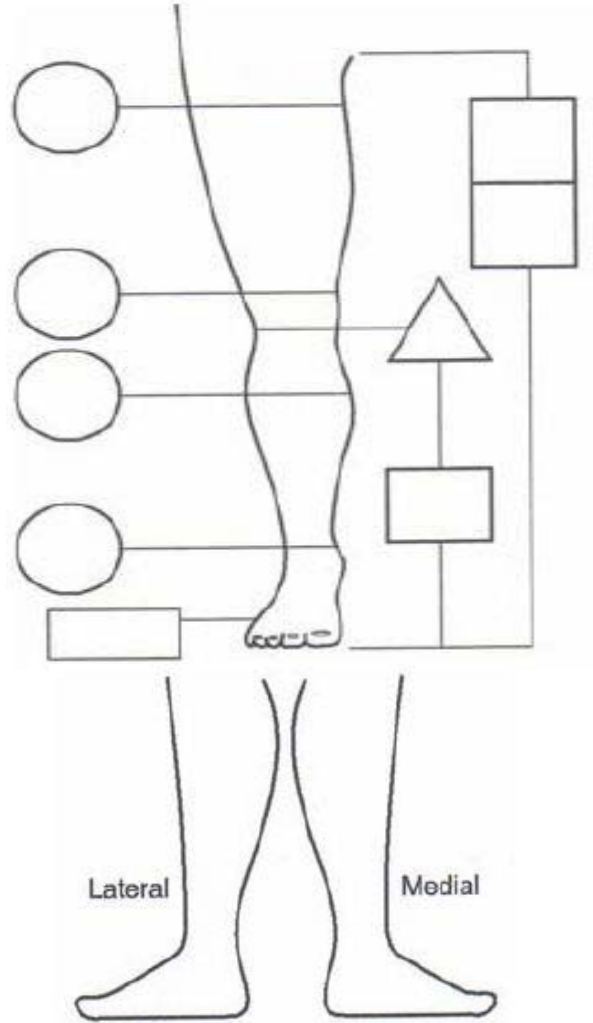
- Carbon Express LLC
- Premodified
- From Check Socket
- Repair/ Redo/ Adjustment

- Left  Check Socket Required
- Right  Correct cast to \_\_\_\_\_
  
- Solid Ankle  Polyboot
- Articulating  Partial Foot (shoe required)
- Crow Walker  Premet
- Floor Reaction  Sulcus
- PLS  Full Length  Rigid
- Flexible
  
- Ankle Joint(s) \_\_\_\_\_ (provided Y/N)
- Stirrup(s) \_\_\_\_\_ (provided Y/N)
- Knee Joint(s) \_\_\_\_\_ (provided Y/N)
- Cable Release \_\_\_\_\_ (provided Y/N)
  
- No Posting  Heel Only  Full Foot  Intrinsic
  
- Special Padding \_\_\_\_\_  
(Standard 1/8" full brace w 1/8"PPT @ maleolus & navicular)

Straps:  1.0" \_\_\_\_\_  Dacron Backed \_\_\_\_\_  
 Black  1.5" \_\_\_\_\_  ERD/IRD \_\_\_\_\_  
 Beige  2.0" \_\_\_\_\_  Other Straps \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Measurements



Ship To Name/Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

- Shipping Instructions:
- UPS  Ground
  - FedEx  Next Day
  - USPS  Next Day Saver
  - Shipper ID: \_\_\_\_\_  Second Day
  - Three Day
  - Call/email when shipping

Estimate Required? Yes/ No