

Arizona AFO (877) 780-8382 SafeStep (866) 712-7837 **Ship to address:** 4825 East Ingram St. Mesa, AZ 85205 Fax: 480.222.1599

Dispense Date:	
Work Order #:	

Specialty AFO Collection

Opcoid	nty Ai O Odilootion		
-	☐ EC Neurowalker™		Partial Foot AFO™
1	Color: Sand Black White Brown Pink	100	Color: Sand Black White Brown Pink
3	Closure: Laces Velcro Speed Laces Boot Hooks	13	Closure: Laces Velcro Speed Laces Boot Hooks
A Park		63	
			*
-6	□ Partial Foot Walker™	46	□ Closed Toe Walker™
9	Color: Sand Black White Brown Pink		Color: Sand Black White Brown
	Closure: Laces Velcro Speed Laces Boot Hooks		Closure: ☐ Laces ☐ Velcro ☐ Speed Laces ☐ Boot Hooks
		1	
_			
0.00	□ Open Toe Walker™		
W	Color: Sand Black White Brown		
28	Closure: Laces Velcro Speed Laces Boot Hooks	;	
_			
Additional Cha	arge options: Additional* multi-density insoles - Numb	er of extra inse	erts:
	$\hfill\Box$ Custom molded shoe for opposite side -	Style: Lov	w top 🗌 Chukka 🔲 Other:
	*Please note, all Specialty devices come with one	custom insert pe	er device.
Patient Inforn	nation: Patient Name:		Height: Weight:
	Dx:		Gender: Male Female
			Right Foot Left Foot Bilateral
Shipping and	Billing Information: Bill to my account: Arizona		Account #
Practitioner:			
Facility Name	:	Email:	Provide email to receive an email alert once this order has been shipped.
Phone:		Fax:	
Ship to address	S:		
Bill to address:			
Shipping Option	ons: 🗌 Ground 🔲 3 Day Air 🔲 2 Day Air 🔲 Ove	rnight 🗌 0	ther:
Special Instru	ctions: If you do not want the dorsi-plantar angle of the	cast set to our	recommendations, please choose:
			rrect Forefoot to Neutral
Remarks:			











