

Dispense Date: _____
Work Order #: _____

Specialty AFO Collection



EC Neurowalker™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Partial Foot AFO™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Partial Foot Walker™

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Closed Toe Walker™

Color: Sand Black White Brown

Closure: Laces Velcro Speed Laces Boot Hooks



Open Toe Walker™

Color: Sand Black White Brown

Closure: Laces Velcro Speed Laces Boot Hooks

Additional Charge options: Additional* multi-density insoles - Number of extra inserts: _____

Custom molded shoe for opposite side - Style: Low top Chukka Other: _____

**Please note, all Specialty devices come with one custom insert per device.*

Patient Information: Patient Name: _____ Height: _____ Weight: _____
Dx: _____ Gender: Male Female
D.O.B: _____ Shoe Size: _____ Right Foot Left Foot Bilateral

Shipping and Billing Information: Bill to my account: Arizona SafeStep Account # _____

Practitioner: _____ PO#: _____

Facility Name: _____ Email: _____

Phone: _____ Fax: _____

Ship to address: _____

Bill to address: _____

Shipping Options: Ground 3 Day Air 2 Day Air Overnight Other: _____

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:
 Leave cast exactly as is Correct Ankle Varus / Valgus Correct Forefoot to Neutral Other _____

Remarks: