

EDSER

PRACTITIONER DETAILS

NAME EMAIL
 ADDRESS TEL.
 CLIENT ID ORDER No*

* Required if sent separate from casts/foams

PATIENTS DETAILS

NAME SHOE SIZE* * Required
 MALE FEMALE AGE WEIGHT PAIR LEFT RIGHT HEIGHT OF THE AFO CM
(FROM THE GROUND TO THE UPPER LIMIT)

ACTIVITY LEVEL LOW (INTERIOR WALKING) MODERATE (COMMUNITY WALKING) HIGH (UNRESTRICTED WALKING)

AFO MODEL

 MIAMI <input type="checkbox"/>	<input type="checkbox"/> MEDIAL <input type="checkbox"/> LATERAL	 BARCELONA <input type="checkbox"/>	 NEW YORK <input type="checkbox"/>	 LONDON <input type="checkbox"/>	 OSLO <input type="checkbox"/>
 SHANGHAI <input type="checkbox"/>	 AUCKLAND <input type="checkbox"/>	 CHARLESTON <input type="checkbox"/>	 SYDNEY <input type="checkbox"/>	 MALTA <input type="checkbox"/>	

DEFORMITY

HYPER-MOBILE
 SEMI-MOBILE
 FIXED
 PATHOLOGY

TYPE OF MATERIAL

3D PA12 TPU
 3D PP
 STANDARD
 FLEXIBLE
 RIGID
 OTHER MM

ARC CONTACT

TOTAL
 MODERATE
 MINIMUM
 OTHER MM

LENGTH OF AFO

FULL
 SULCUS
 MET HEAD
 STANDARD

OFFSET

*Added to the thickness of the chosen lining

+ 0MM
 + 2MM
 + 4MM
 + 6MM
 OTHER MM

REARFOOT POSTING

LEFT ° MED LAT EXT INT HEEL LIFT MM
 RIGHT ° MED LAT EXT INT HEEL LIFT MM

LINING





LINING LENGTH

MET HEAD SULCUS FULL

MATERIAL:

PERFORATED EVA (BLACK 2MM) EVA MARBLES (BLACK) EVA SMOOTH (BLACK) 2MM 3MM
 PERFORATED EVA (BLUE 2MM) EVA MARBLES (BLUE) EVA SMOOTH (BEIGE) 2MM 3MM
 PERFORATED EVA (RED 2MM) EVA MARBLES (PINK) EVA LATEX (BLACK) 2MM 3MM
 PERFORATED EVA (ORANGE 2MM) EVA MARBLES (RED FIRE) EVA LATEX (GREEN) 2MM 3MM
 PERFORATED EVA (YELLOW 2MM) EVA MARBLES (GREEN)
 PERFORATED EVA (BEIGE 2MM) OTHER MATERIAL:

COMPONENTS

MET BAR  S M L L R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1ST - 5TH <input type="checkbox"/> 2ND - 4TH	MET DOME  S M L L R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	U MET CUT-OUT  1 2 3 4 5 LEFT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ARCH PAD  L R <input type="checkbox"/> <input type="checkbox"/>
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CAST MODIFICATIONS

ANKLE CORRECT 90° NO CORRECTION PLANTAR FLEXION DORSIFLEXION

FOREFOOT: NEUTRAL NO CORRECTION

*All scans will be corrected to 90°, unless specified otherwise

	ML	AP	Circumference	Height	
Knee center					
Calf					
Malleoli					
Ground/Foot					

FOOT ROTATION DEGREES
 Inwards - negative
 Outwards - positive

INSTEP
 SHOE HEEL HEIGHT MM

NOTES: PRESSURE AREAS, AREAS TO BE MODIFIED, ETC.

*All measurements must be filled out using the metric system

This prescription sheet must be accompanied by Casts / Scans or have an associated order number.

COMMENTS

IMPORTANT

- Upper lining options** depend on the AFO model:
 - o Miami – All EVA types
 - o Barcelona – All EVA types
 - o New York – Very-Soft EVA or EVA-Latex
 - o London – Very-Soft EVA or EVA-Latex
 - o Oslo – Unlined. Possibility of adding padding to malleoli and/or dorsal flaps
 - o Shanghai – Unlined. Possibility of adding padding to malleoli and/or dorsal flaps, and calf
 - o Auckland – Very-Soft EVA or EVA-Latex
 - o Charleston – Very-Soft EVA or EVA-Latex
 - o Sydney – Unlined. Possibility of padding on malleoli and/or dorsal flaps, and calf
 - o Malta – Very-Soft EVA or EVA-Latex
 - AFO length options** depend on the AFO model:
 - o Miami – Full length only
 - o Barcelona – Full length only
 - o New York – Met Head length only
 - o London – All options
 - o Oslo – Sulcus length or full length only
 - o Shanghai – Sulcus length or full length only
 - o Auckland – Full length only
 - o Charleston – Met Head length only
 - o Sydney – Full length only
 - o Malta – Met Head length or Sulcus length only
 - Component options** depend on the AFO model:
 - o Miami – All options*
 - o Barcelona – All options*
 - o New York – All options*
 - o London – All options*
 - o Oslo – No option available
 - o Shanghai – No options available
 - o Auckland – All options*
 - o Charleston – All options*
 - o Sydney – No options available
 - o Malta – All options*
 - For the **Miami** model you must specify if the leaf spring should be located medially or laterally
 - The **Sydney** model is manufactured with Tamarack 740 M joints by default. Options: 740 S/M/L or 742 S/M/L
 - The **New York** model is manufactured with a riveted free joint by default. Options: Tamarack 740 S/M/L or 742 S/M/L
 - The **Oslo** model is the only one with the option to manufacture in **TPU**
- *Component options available:
Met Bar; Met Dome; U met head cut-out pad; Arch pad

PRACTITIONER SIGNATURE:

DATE

NOTE: This prescription is used as a work instruction and must be followed exactly; default laboratory values will be used where details are omitted.