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PATIENT NAME: .....

HOSPITAL: ..... ORDER NUMBER: .....

ORTHOTIST: .....

LEFT:  RIGHT:  BILATERAL:

**NEGATIVE CAST DETAILS:**

Indicate required angle of finished device at ankle (tick box **AND** enter degree value required):

Angle at cast  Dorsiflexed  Pitch to 90°

Plantarflexed  90°  Pitch to 90° with EVA Heel infill

**POSITIVE CAST RECTIFICATION:**

Full foot  Sust tali

On M.T.H  Dorsiflex toes

Behind M.T.H  3 point pressure \*\*

Other  Neuro footplate

} \*\*PLEASE INDICATE RECTIFICATION ON DIAGRAM

**MATERIAL REQUIRED:**

Natural Polypropylene

Homopolymer

Polythene

Ortholen

Colour (Specify)

Other Material (Specify)

Transfer choice 1

Transfer choice 2

**MATERIAL THICKNESS:**

2mm

3mm

4.5mm

5mm

6mm

**AFO / DAFO STYLE - Please state style reference**

OR indicate on the outline your EXACT trimline requirements noting the position of the malleoli and metatarsal heads

Carbon insert

Ribbed reinforcement

Tamarack Hinges

Metal Hinges

Other Hinges

EVA Stabilizer

Shoe size

Overall Height

Met Width

Flare Calf

**STRAPPING REQUIREMENTS:**

**CALF**

R/Pull  Lay on

Backed Velcro  Unbacked Velcro

**HEEL**

R/Pull  Lay on

Backed Velcro  Unbacked Velcro

**MET JOINT**

R/Pull  Lay on

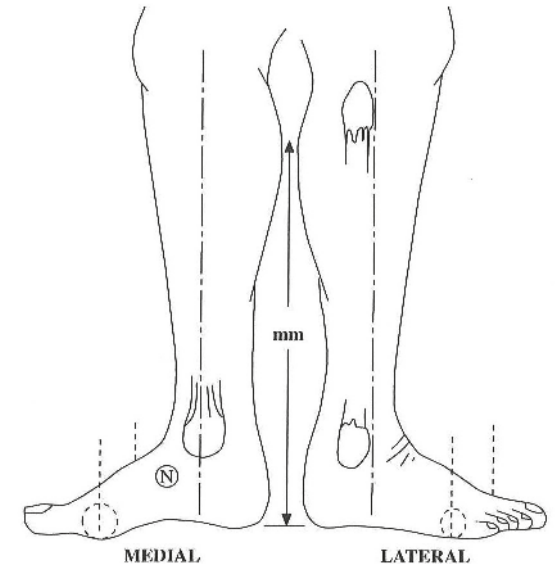
Backed Velcro  Unbacked Velcro

Elastic Velcro

**Y-STRAP**  Medial

Lateral

Sliding Pads



**LINING / PADDING REQUIREMENTS:**

Line Calf  Full lining  Malleoli  Valgus  Other areas (Specify)

PPT  Poron  Plastazote  Other (Specify)

**ADDITIONAL INFORMATION:**

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 .....  
 .....  
 .....