



**Send Cast or Scan to:**

INSIGHTFUL PRODUCTS  
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**Ankle Foot Brace Order Form**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_



Shoe Size: \_\_\_\_\_ Lower Leg Circumference (10" from Floor): \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**To Order: Check the Brace and Options**

<b>Blaze® for Medial Instability</b>	<b>Step-Smart® for Drop Foot</b>
 <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>BLAZE FRAME</b> (Item#: AFO-MI / L-CODE: L1970)</li> <li><input type="checkbox"/> <b>MEDIAL MALLEOLAR WINDOW</b> (Item#: MMW / L-CODE: L2275)</li> <li><input type="checkbox"/> <b>TOP COVER</b> (Item#: TCI / L-CODE: L2820)</li> <li><input type="checkbox"/> <b>FIFTH RAY CUT-OUT</b> (Item#: FRC / L-CODE: L2999)</li> </ul> <p><small>US Patent #7,429,254</small></p>	 <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>STEP-SMART FRAME</b> (Item#: AFT- DA / L-CODE: L1970)</li> <li><input type="checkbox"/> <b>JACOB JOINTS x 2</b> (Item#: JJDA / L-CODE: L2210)</li> <li><input type="checkbox"/> <b>TOP COVER</b> (Item#: TCI / L-CODE: L2820)</li> <li><input type="checkbox"/> <b>CARBON FIBER</b> (Item#: PPCFI / L-CODE: L2755)</li> <li><input type="checkbox"/> <b>I-STRAP</b> (Item#: I-STRAP / L-CODE: L2270)</li> </ul> <p><small>US Patent #7,682,322</small></p>

**FULL LENGTH TOP COVER** (NOT RECOMMENDED) - (Item#: FLTC / L-CODE L2820) - \$35.00

Provider notes: