

ARTICULATING COMBO - 533



Patient ID: _____ PO#: _____ Bilateral Right Left
 Facility: _____ Practitioner: _____ Email: _____
 Ship To: _____ Phone#: _____

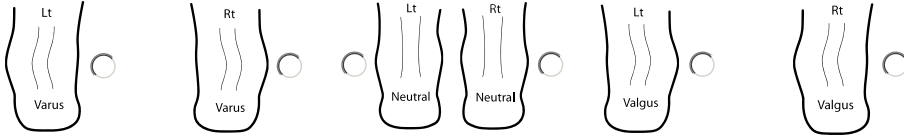
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

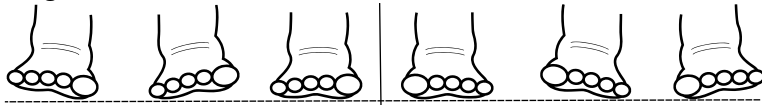
Left Ankle Flexion: _____
Right Ankle Flexion: _____

Modification Special Instructions: _____
Patient Diagnosis: _____

Hindfoot Alignment



Forefoot Alignment *



Plantar Modifications: _____

Left Inner Boot Fore Foot Trim:

N/A

Right Inner Boot Fore Foot Trim:

N/A

Left Outer Shell Trim:

N/A

Right Outer Shell Trim:

N/A

THERMOFORMING/GRIND & BUFF

INNER BOOT Design: _____ **Plastic Thickness:** _____ **Material Type:** _____
AFO Outer Shell: Plastic Type: _____ **Plastic Thickness:** _____ **Transfer on Plastic :** _____

FINISHED HEIGHT
Posterior Finished height = _____

FOOT LENGTH Finished foot length = _____

JOINTS _____ **STOPS** _____

PADDING _____ **Extra Navicular padding:** _____

PADDING COLOR _____

EXTERNAL POSTING _____ **TREADING** _____

Thermoforming Special Instructions: _____

Grind & Buff Special Instructions: _____

* Note: Pronation or Supination alignments will be externally posted to neutral

STRAPPING

STRAP COLOR _____

Transfer on Straps: _____

Strapping Special Instructions: _____