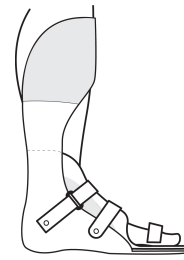


# FLOOR REACTION - SMO - COMBO



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:** \_\_\_\_\_

**Hindfoot Alignment**

Lt Rt Lt Rt Lt Rt

Varus Varus Neutral Neutral Valgus Valgus

**Forefoot Alignment \***

**Modification Special Instructions:** \_\_\_\_\_

**Patient Diagnosis:** \_\_\_\_\_

**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**

Anterior - Tibia Tubercle height: \_\_\_\_\_

**FOOT LENGTH**

Finished foot length = \_\_\_\_\_

**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:** \_\_\_\_\_