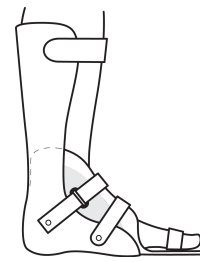


FULL BLOCKER COMBO - 523



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

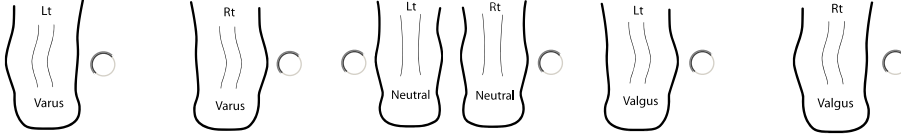
MODIFICATION

Left Ankle Flexion: _____
Right Ankle Flexion: _____

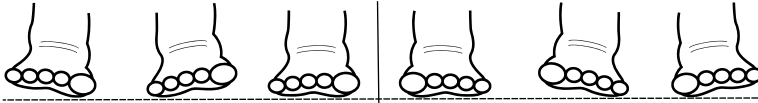
Specify finished mold alignments
Flexion, Hind foot & Fore foot

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 = _____

PADDING **Extra Navicular padding:** _____

PADDING COLOR _____

EXTERNAL POSTING **TREADING** _____

Thermoforming Special Instructions: _____

Grind & Buff Special Instructions: _____

STRAPPING

STRAP COLOR _____
 Transfer on Straps: _____

Strapping Special Instructions: _____

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