

FULL BLOCKER RESTING - 524



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

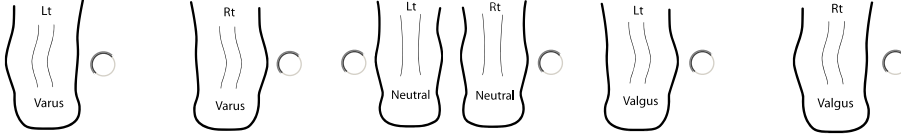
MODIFICATION

Left Ankle Flexion: _____
Right Ankle Flexion: _____

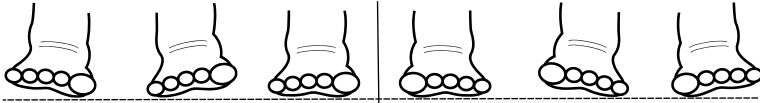
Specify finished mold alignments
 Flexion, Hind foot & Fore foot

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

FOAM Inner Boot: _____ Thickness: _____ Material Type: _____
AFO 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: _____

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

STRAPPING

STRAP COLOR

Transfer on Straps: _____

Strapping Special Instructions: _____