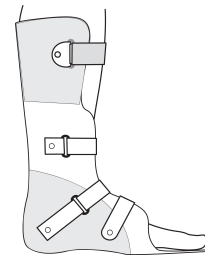


FULL WRAP - PLANTAR BLOCKER - 522



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

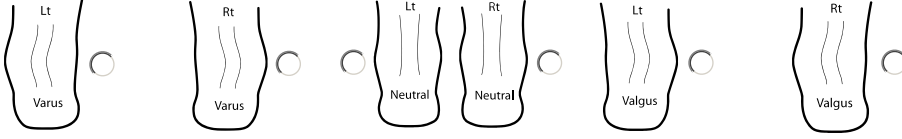
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

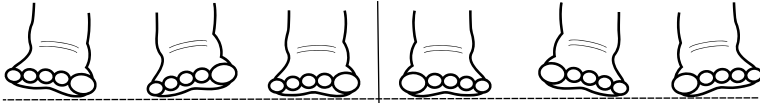
Left Ankle Flexion: _____

Right Ankle Flexion: _____

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions:

Patient Diagnosis:

Plantar Modifications:

Left Outer Shell Trim:

N/A

Right Outer Shell Trim:

N/A

THERMOFORMING/GRIND & BUFF

AFO Shell: Plastic Type: _____ Plastic Thickness: _____ Transfer on Plastic: _____

REINFORCEMENT

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: