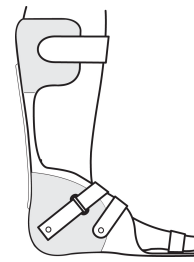


LEAF SPRING - 520



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

MODIFICATION

Left Ankle Flexion: _____

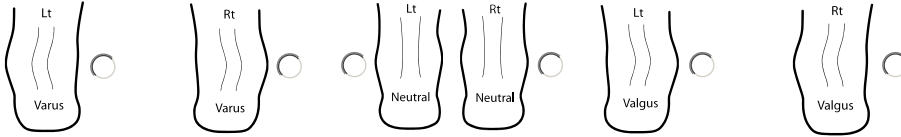
Right Ankle Flexion: _____

Specify finished mold alignments
Flexion, Hind foot & Fore foot

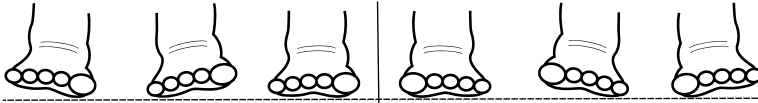
Modification Special Instructions:

Patient Diagnosis:

Hindfoot Alignment



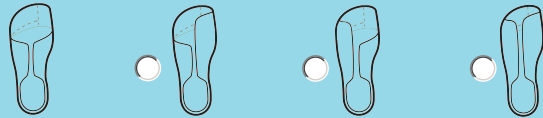
Forefoot Alignment *



Plantar Modifications:

Left Inner Boot Fore Foot Trim:

N/A



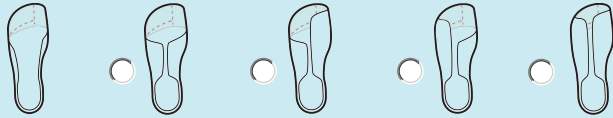
Right Inner Boot Fore Foot Trim:

N/A



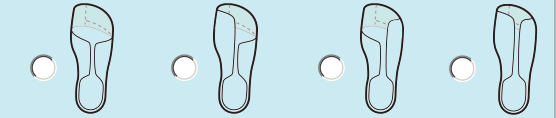
Left Outer Shell Trim:

N/A



Right Outer Shell Trim:

N/A



THERMOFORMING/GRIND & BUFF

Inner Boot Design:

Thickness:

Material Type:

AFO Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

FINISHED HEIGHT

Posterior Finished height = _____

FOOT LENGTH Finished foot length = _____

POSTERIOR STRUT

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: