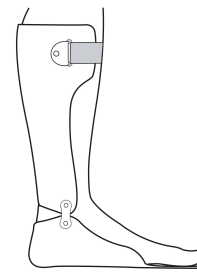


Standard Articulating AFO



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

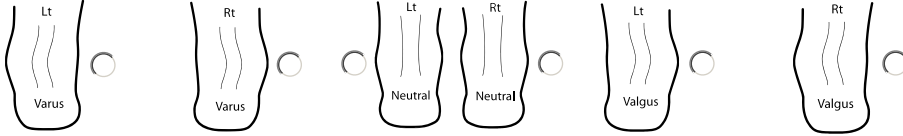
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

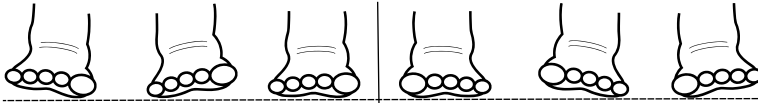
Left Ankle Flexion: _____
Right Ankle Flexion: _____

Modification Special Instructions: **Patient Diagnosis:** _____

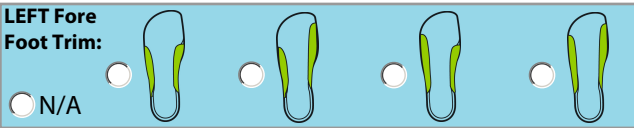
Hindfoot Alignment



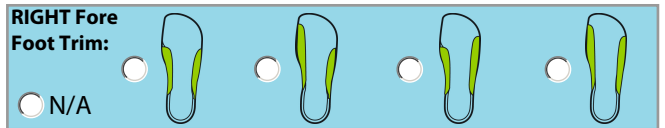
Forefoot Alignment *



LEFT Fore Foot Trim:



RIGHT Fore Foot Trim:



THERMOFORMING/GRIND & BUFF

POSTERIOR Shell: Plastic Type: _____ Plastic Thickness: _____ Transfer on Plastic: _____
LINER & PADDING Location: _____ Thickness: _____ Type: _____

_____ Plastic Type: _____ Plastic Thickness: _____
LINER Thickness: _____ Type: _____

SPECIAL TRIMS

FINISHED HEIGHT

Posterior Finished height = _____

FOOT LENGTH

Finished foot length = _____

ANKLE JOINTS

STOPS

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: _____