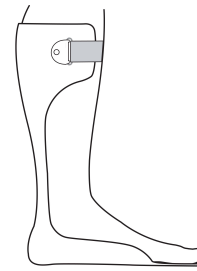


Standard (PLS) POSTERIOR LEAF SPRING AFO



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

MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

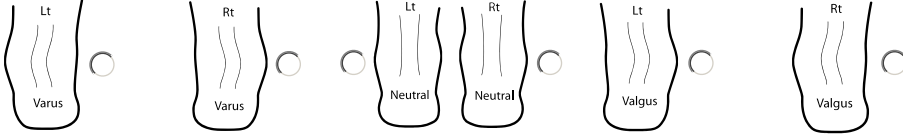
Left Ankle Flexion: _____

Right Ankle Flexion: _____

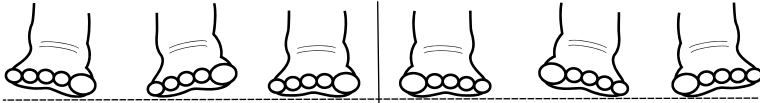
Modification Special Instructions:

Patient Diagnosis:

Hindfoot Alignment



Forefoot Alignment *



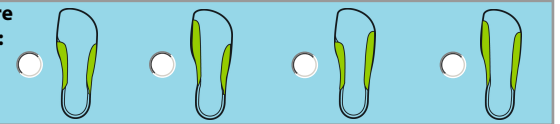
LEFT Fore Foot Trim:

N/A



RIGHT Fore Foot Trim:

N/A



THERMOFORMING/GRIND & BUFF

POSTERIOR Shell: Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

LINER & PADDING Location: _____

Thickness: _____

Type: _____

SPECIAL TRIMS

FINISHED HEIGHT

Posterior Finished height = _____

FOOT LENGTH

Finished foot length = _____

REINFORCEMENTS

EXTERNAL POSTING

TREADING

Thermoforming Special Instructions:

Grind & Buff Special Instructions:

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

Strapping Special Instructions:

STRAPPING

STRAP COLOR

Transfer on Straps: _____