

Standard UCBL



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



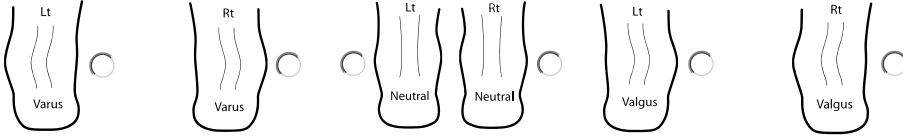
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

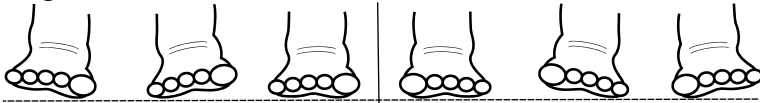
Left Ankle Flexion: _____

Right Ankle Flexion: _____

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions:

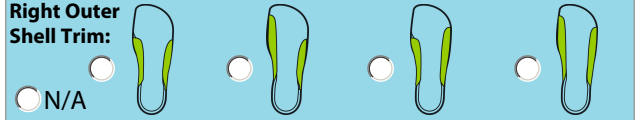
Patient Diagnosis:

Plantar Modifications:

Left Outer Shell Trim:



Right Outer Shell Trim:



THERMOFORMING/GRIND & BUFF

UCBL Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer for Plastic: _____

HEIGHT

Finished height = _____

FOOT LENGTH

Finished foot length = _____

PADDING

Extra Navicular padding: _____

PADDING COLOR

EXTERNAL POSTING

TREADING

STRAPPING

STRAP COLOR

Transfer on Strap: _____

Thermoforming Special Instructions:

Grind & Buff Special Instructions:

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

Strapping Special Instructions: