

SUB-MO OPEN - 510



Genco Group

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



MODIFICATION

Left Ankle Flexion: _____

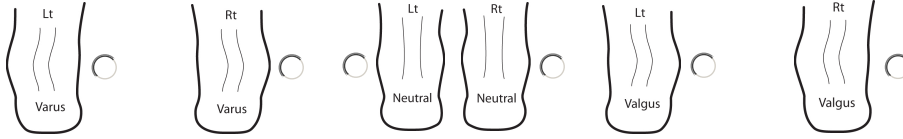
Specify finished mold alignments
Flexion, Hind foot & Fore foot

Right Ankle Flexion: _____

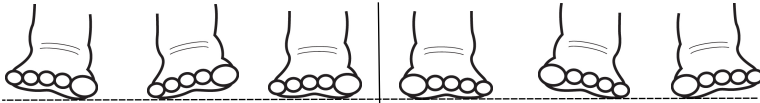
Modification Special Instructions:

Patient Diagnosis:

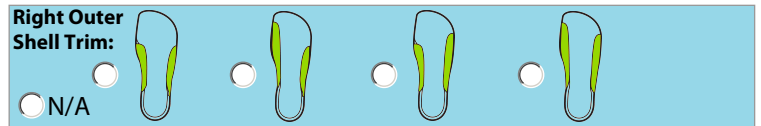
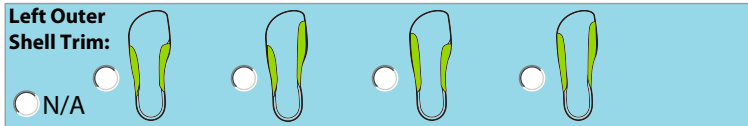
Hindfoot Alignment



Forefoot Alignment *



Plantar Modifications:



THERMOFORMING/GRIND & BUFF

Sub-Mo 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**

Thermoforming Special Instructions:

Grind & Buff Special Instructions:

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

STRAPPING

STRAP COLOR

Transfer on Strap: _____

Strapping Special Instructions: