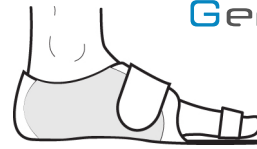


SUB-MO WRAP - 511



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



MODIFICATION

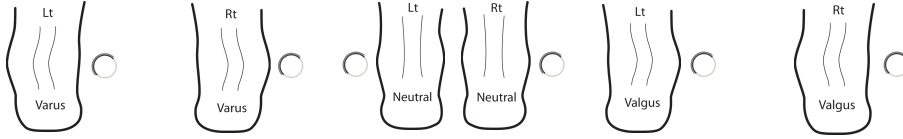
Left Ankle Flexion: _____

Specify finished mold alignments
Flexion, Hind foot & Fore foot

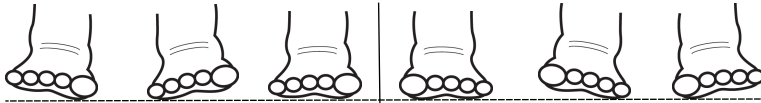
Right Ankle Flexion: _____

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

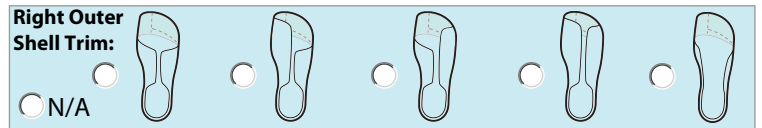
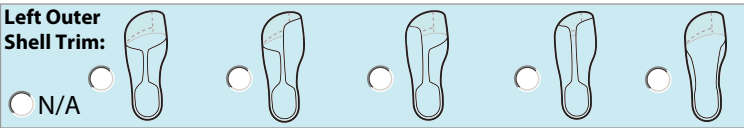
Hindfoot Alignment



Forefoot Alignment *



Plantar Modifications: _____



THERMOFORMING/GRIND & BUFF

SMO 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: _____