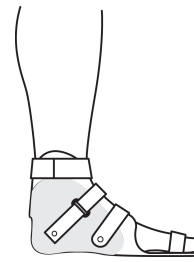


SUPRA-MALLEOLAR - 512



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

MODIFICATION

Left Ankle Flexion: _____

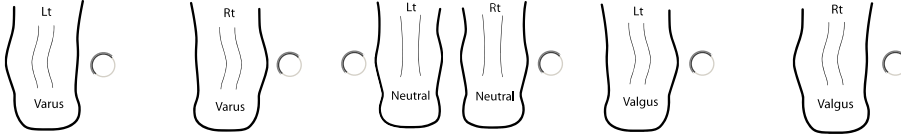
Specify finished mold alignments
Flexion, Hind foot & Fore foot

Right Ankle Flexion: _____

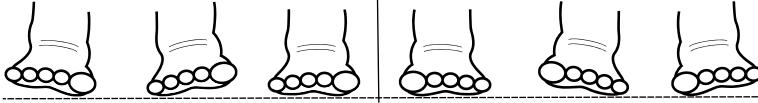
Modification Special Instructions: _____

Patient Diagnosis: _____

Hindfoot Alignment



Forefoot Alignment *



Plantar Modifications: _____

Left Inner Boot Fore Foot Trim:

N/A



Right Inner Boot Fore Foot Trim:

N/A



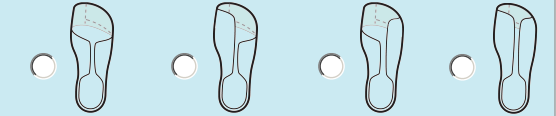
Left Outer Shell Trim:

N/A



Right Outer Shell Trim:

N/A



THERMOFORMING/GRIND & BUFF

Inner Boot Design: _____

Thickness: _____

Material Type: _____

SMO Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

SMO 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 Straps: _____

Strapping Special Instructions: _____