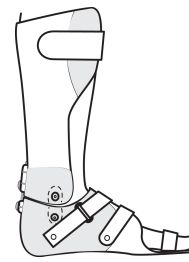


TRANSFORMER - ARTICULATING - 542



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

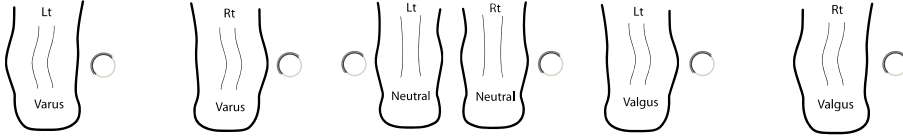
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

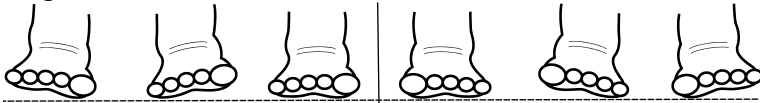
Left Ankle Flexion: _____

Right Ankle Flexion: _____

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions:

Patient Diagnosis:

Plantar Modifications:

Fore Foot Trim:

N/A

Fore Foot Trim:

N/A

Left Outer Shell Trim:

N/A

Right Outer Shell Trim:

N/A

THERMOFORMING/GRIND & BUFF

FOAM Inner Boot: _____ *Thickness:* _____ *Material Type:* _____
AFO Outer Shell: *Plastic Type:* _____ *Plastic Thickness:* _____ *Transfer on Plastic:* _____

FINISHED HEIGHT
 Posterior Finished height = _____
 Anterior Finished Height = _____
FOOT LENGTH
 Finished foot length = _____

JOINTS _____ **STOPS** _____

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: