

TRANSFORMER - ARTIC COMBO - 542



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

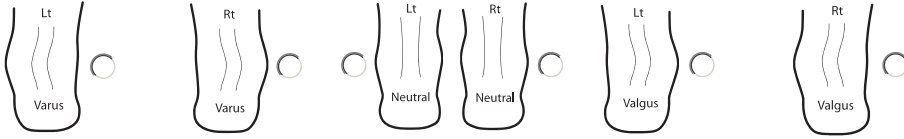
MODIFICATION

Left Ankle Flexion: _____

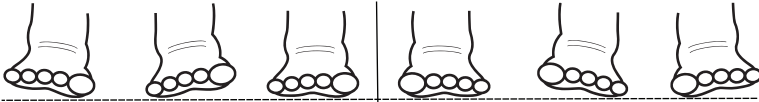
Right Ankle Flexion: _____

Specify finished mold alignments
Flexion, Hind foot & Fore foot

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions: _____

Patient Diagnosis: _____

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: _____

Plastic 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 Special Instructions: _____

STRAPPING

STRAP COLOR

Transfer on Straps: _____