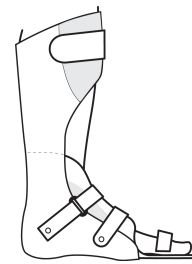


TRANSFORMER - SOLID COMBO



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

MODIFICATION

Left Ankle Flexion: _____

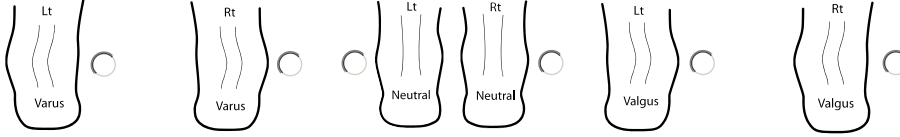
Specify finished mold alignments
Flexion, Hind foot & Fore foot

Right Ankle Flexion: _____

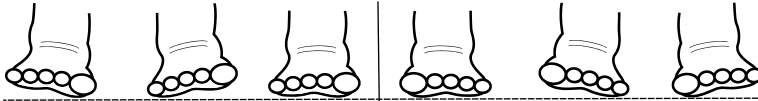
Modification Special Instructions:

Patient Diagnosis:

Hindfoot Alignment



Forefoot Alignment *



Plantar Modifications:

Left Inner Boot Fore Foot Trim:



Right Inner Boot Fore Foot Trim:



Left Outer Shell Trim:



Right Outer Shell Trim:



THERMOFORMING/GRIND & BUFF

INNER BOOT Design:

Plastic Thickness: _____

Material Type: _____

AFO Outer Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

FINISHED HEIGHT

Anterior Finished height = _____

Posterior 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: