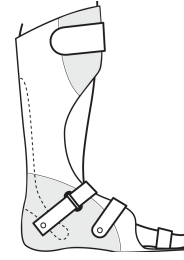


TRANSFORMER - SOLID



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

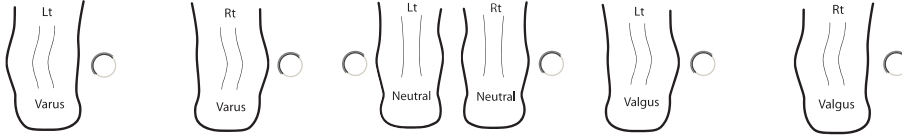
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

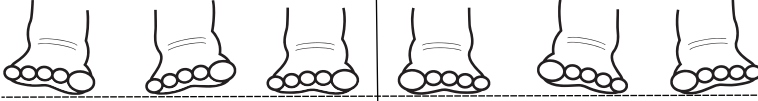
Left Ankle Flexion: _____

Right Ankle Flexion: _____

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions:

Patient Diagnosis:

Plantar Modifications:

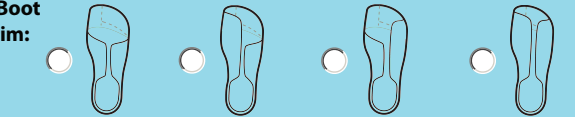
Left Inner Boot Fore Foot Trim:

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

FOAM Inner Boot: _____

Thickness: _____

Material Type: _____

AFO Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

REINFORCEMENT

FINISHED HEIGHT

Posterior Finished height = _____

Anterior 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 Special Instructions:

STRAPPING

STRAP COLOR

Transfer on Straps: _____

p