

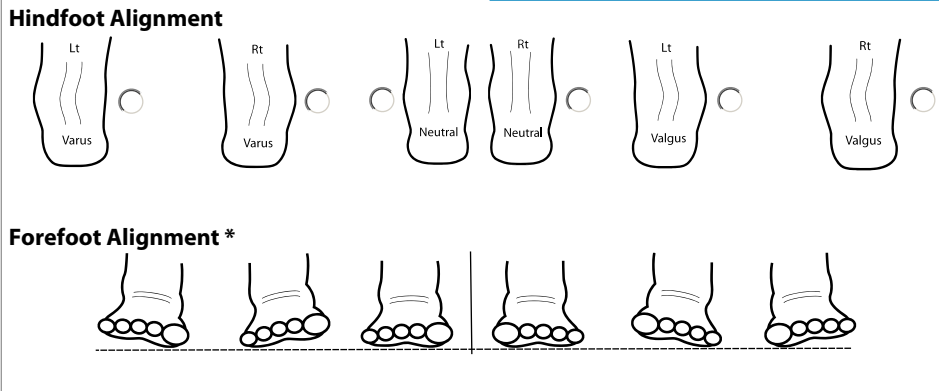
PLANTAR BLOCKER - 522



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:** _____



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:** _____

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: _____