

ARTICULATING COMBO - 533



Patient ID: _____ PO#: _____ ☐ Bilateral ☐ Right ☐ Left

Facility: _____ Practitioner: _____ Email: _____

Ship To: _____ Phone#: _____



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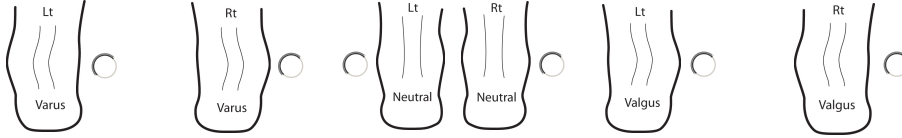
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

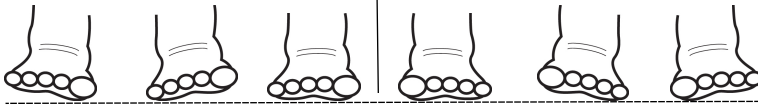
Left Ankle Flexion: _____

Right Ankle Flexion: _____

Hindfoot Alignment



Forefoot Alignment *



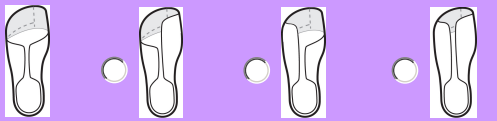
Modification Special Instructions:

Patient Diagnosis: _____

Plantar Modifications:

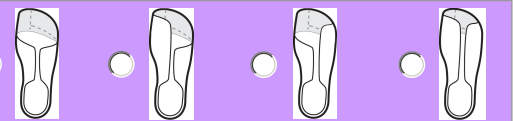
**Left Inner Boot
Fore Foot Trim:**

☐ 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

INNER BOOT Design: _____

Plastic Thickness: _____

Material Type: _____

AFO Outer Shell: Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic : _____

FINISHED HEIGHT

Posterior 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: _____