ARTICULATING WRAP - 532

TCflex AFO SYSTEM

Print Form

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

Facility: _____ Practitioner: _____ Email: _____

Phone#: _____

Ship To: _____

ORTHOMERICA PRODUCTS, INC.
6333 North Orange Blossom Trail
Orlando, FL 32810
(877) 737-8444
www.orthomerica.com/forms/lower-ex

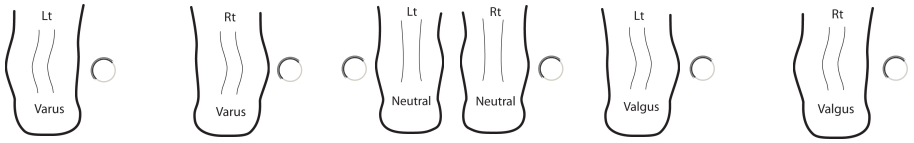
MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

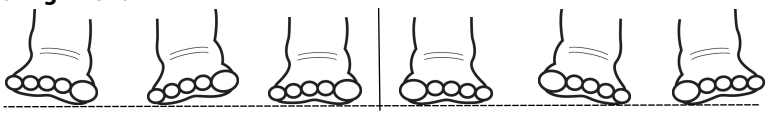
Left Ankle Flexion:

Right Ankle Flexion:

Hindfoot Alignment



Forefoot Alignment *

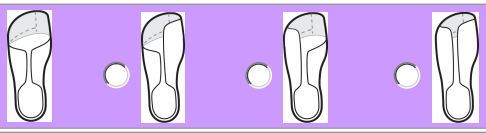


Modification Special Instructions:

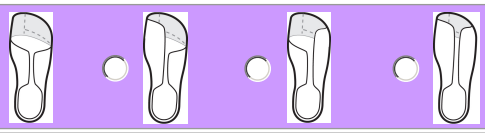
Patient Diagnosis:

Plantar Modifications:
None

Left Inner Boot Fore Foot Trim: ○ N/A

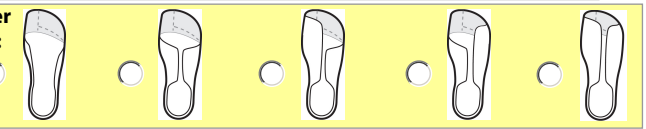


Right Inner Boot Fore Foot Trim: ○ N/A



Left Outer Shell Trim: ○ N/A

Right Outer Shell Trim: ○ N/A



THERMOFORMING/GRIND & BUFF

FOAM Inner Boot: ***NONE*** *Thickness: NONE* *Material Type: NONE*

AFO Outer Shell: *Plastic Type: Co-polymer* *Plastic Thickness:* Transfer on Plastic : _____

FINISHED HEIGHT

Posterior Finished height =

FOOT LENGTH *Finished foot length =*

JOINTS
Ankle Flexure Straight

STOPS
Plastic Stop

PADDING
Standard Padding

Extra Navicular padding:
None

PADDING COLOR
White

EXTERNAL POSTING
Heel Posting (Pelite)

TREADING
None

Thermoforming Special Instructions:

Grind & Buff Special Instructions:

*** Note:** Pronation or Supination alignments will be externally posted to neutral

STRAPPING

Add D-Ring Calf Strap NO Felt Pad

Instep strap chafe = Medial

Rivited Layover Fore Foot Strap

STRAP COLOR
White

Transfer on Straps: *NONE*

Strapping Special Instructions:

Reset Form

 SL00012 Rev C