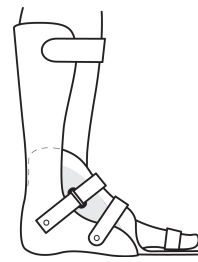


# FULL BLOCKER COMBO - 523



**ORTHOMERICA**  
PRODUCTS, INC.

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

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

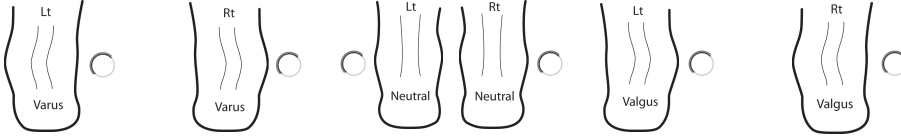
## MODIFICATION

**Left Ankle Flexion:** \_\_\_\_\_

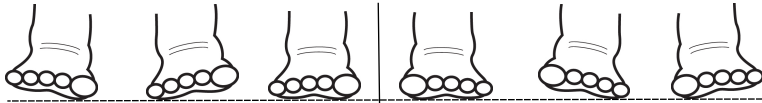
**Right Ankle Flexion:** \_\_\_\_\_

Specify finished mold alignments  
Flexion, Hind foot & Fore foot

### Hindfoot Alignment



### Forefoot Alignment \*



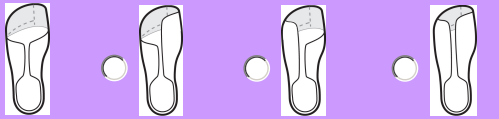
Modification Special Instructions:

**Patient Diagnosis:**

Plantar Modifications:

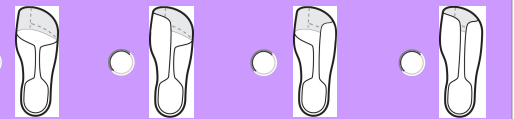
**Left Inner Boot  
Fore Foot Trim:**

N/A



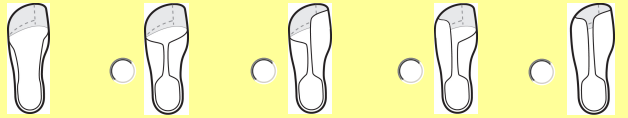
**Right Inner Boot  
Fore Foot Trim:**

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 = \_\_\_\_\_

**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: