

LEAF SPRING - 520



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#: _____

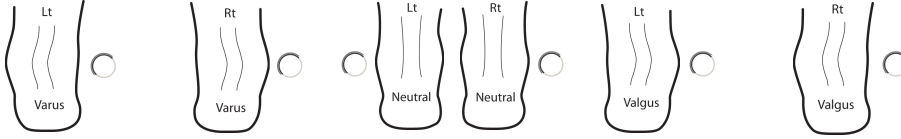
MODIFICATION

Left Ankle Flexion: _____

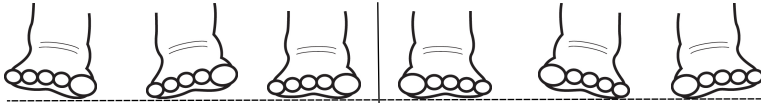
Right Ankle Flexion: _____

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:

Thickness:

Material Type:

AFO Shell:

Plastic Type: _____

Plastic Thickness: _____

Transfer on Plastic: _____

FINISHED HEIGHT

Posterior Finished height = _____

FOOT LENGTH

Finished foot length = _____

POSTERIOR STRUT

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: