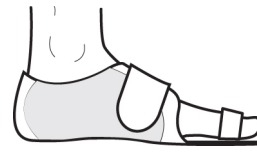


SUB-MO WRAP - 511



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#: _____

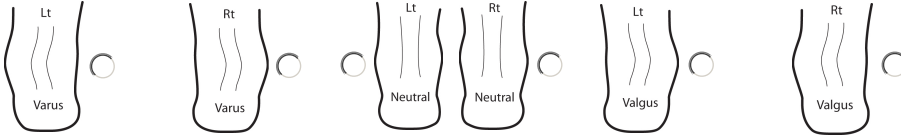
MODIFICATION

Left Ankle Flexion: _____

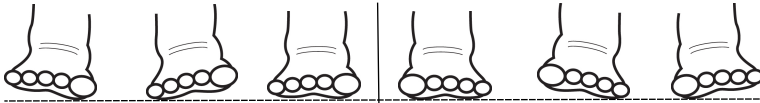
Right Ankle Flexion: _____

Specify finished mold alignments
Flexion, Hind foot & Fore foot

Hindfoot Alignment



Forefoot Alignment *



Modification Special Instructions:

Patient Diagnosis:

Plantar Modifications:

Left Outer Shell Trim:

N/A

Right Outer Shell Trim:

N/A

THERMOFORMING/GRIND & BUFF

SMO Shell: Plastic Type: _____ Plastic Thickness: _____ Transfer for Plastic: _____

HEIGHT

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 Strap: _____

Strapping Special Instructions: