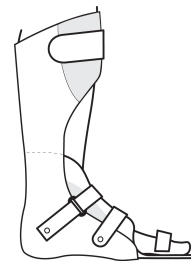


TRANSFORMER - SOLID COMBO



ORTHOMERICA
PRODUCTS, INC.

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

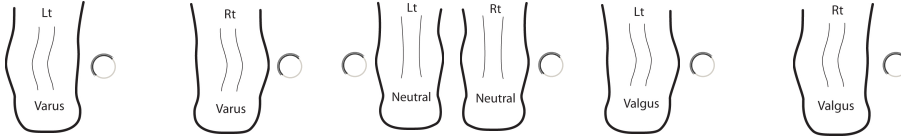
Patient ID: _____ PO#: _____ Bilateral Right Left
 Facility: _____ Practitioner: _____ Email: _____
 Ship To: _____ Phone#: _____

MODIFICATION

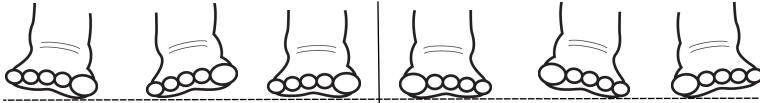
Left Ankle Flexion: _____
Right Ankle Flexion: _____

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

Anterior 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: _____