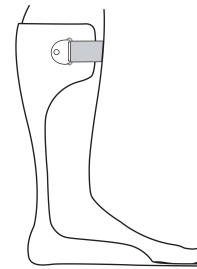


Standard (PLS) POSTERIOR LEAF SPRING AFO

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



ORTHOMERICA
 PRODUCTS, INC.

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

MODIFICATION

Left Ankle Flexion: _____

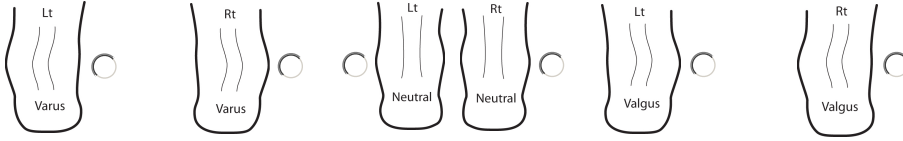
Right Ankle Flexion: _____

Specify finished mold alignments
 Flexion, Hind foot & Fore foot

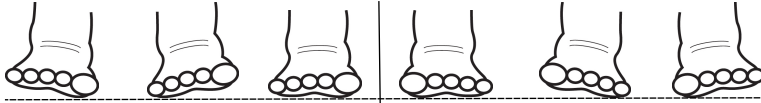
Modification Special Instructions:

Patient Diagnosis:

Hindfoot Alignment



Forefoot Alignment *



LEFT Fore Foot Trim:



RIGHT Fore Foot Trim:



THERMOFORMING/GRIND & BUFF

POSTERIOR Shell: Plastic Type: _____ Plastic Thickness: _____ Transfer on Plastic: _____
LINER & PADDING Location: _____ Thickness: _____ Type: _____

SPECIAL TRIMS

FINISHED HEIGHT
 Posterior Finished height = _____

FOOT LENGTH
 Finished foot length = _____

REINFORCEMENTS

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: