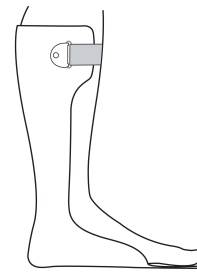


# Standard SEMI-SOLID Ankle AFO

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:** \_\_\_\_\_

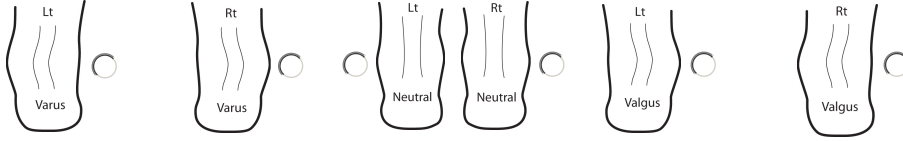
**Right Ankle Flexion:** \_\_\_\_\_

Specify finished mold alignments  
 Flexion, Hind foot & Fore foot

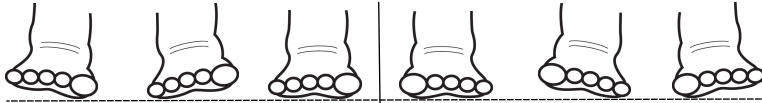
Modification Special Instructions:

**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: \_\_\_\_\_

\_\_\_\_\_ Plastic Type: \_\_\_\_\_ Plastic Thickness: \_\_\_\_\_  
**LINER** 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: \_\_\_\_\_