

# Standard UCBL

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

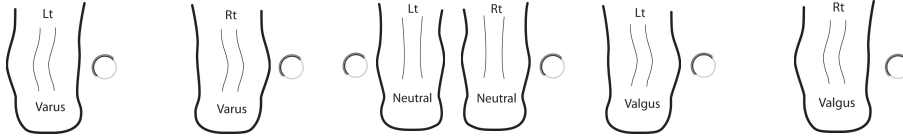
## MODIFICATION

**Left Ankle Flexion:** \_\_\_\_\_

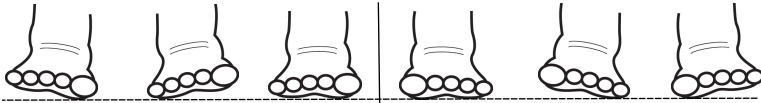
**Right Ankle Flexion:** \_\_\_\_\_

Specify finished mold alignments  
 Flexion, Hind foot & Fore foot

## 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

**UCBL 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: