

## **SEMI-SOLID, PLS AFO**

## **WORK ORDER #:**

(LAB USE ONLY)

BILL TO: ADDRESS: SHIP TO: ADDRESS: SAME AS BILLING PRACTITIONER: PHONE #:	PATIENT NAME:  HEIGHT:
□ SEMISOLID □ PLS	FINISHED HEIGHT
<ul> <li>Heel Neutral</li> <li>Forefoot Neutral</li> <li>Ankle Neutral</li> <li>5/32" Copolymer</li> <li>11/2" Proximal Strap</li> <li>White Velcro</li> <li>Buildups +1/8</li> <li>Plantar Mod-STD</li> <li>Full Footplate</li> <li>Standard Forefoot trim</li> <li>Chafe Medial</li> <li>Felt Strap Pad</li> </ul>	
VARIATIONS	90°
CAST CORRECTION    DF   IN   SUP   3/16   3/16   3/16   1/4   1/8   1/8	
LOCATION LOCATION	□ VARUS MOD   □ VALGUS MOD   □ EXTENDED LATERAL   □ EXTENDED MEDIAL   □ METS   □ DORSAL WRAP   □ SULCUS   □ OTHER   *PROVIDE HEEL-DORSUM  **  **  **  **  **  **  **  **  **
MATERIAL SELECTION TRANSFER:   NONE   DESIGN	
POLYPROPYLENE  SP   5/32  3/16  3/16  1/4  POLYETHYLENE  REINFORCEMENT  CORRUGATION  POLYCARBON C	□ ALIPLAST
FINISH   UNFINISHED   CHAFE MEDIAL   CHAFE MEDIAL   CHAFE LATERAL   DACRON   1"   VENT HOLES   EXT HEEL POST   CREPE   PLASTIC   OEXT FOREFOOT POST   OEXT FOREFOOT POST	