

BILL TO: _____

ADDRESS: _____

SHIP TO: _____

ADDRESS: _____

SAME AS BILLING

PRACTITIONER: _____

PHONE #: _____

PATIENT NAME: _____

HEIGHT: LEFT MALE

WEIGHT: RIGHT FEMALE

AGE: BILATERAL

OPS INVOICE/NG ENCOUNTER: _____

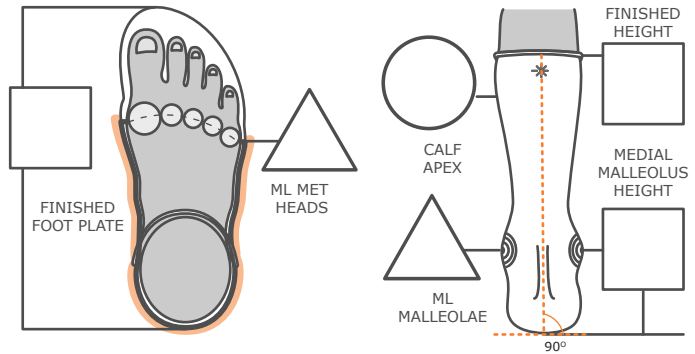
DATE OF SERVICES: _____

IN-OFFICE REQUEST DATE: _____

EARLY AM AM SATURDAY

SOLID AFO-STANDARD

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- 5/32" Copolymer
- 1 1/2" Proximal Strap
- White Velcro
- Buildups +1/8
- Plantar Mod-STD
- Full Footplate
- Standard Forefoot trim
- Chafe Medial
- Felt Strap Pad



VARIATIONS

CAST CORRECTION

ANKLE DF _____ °
 PF _____ °

HEEL IN _____ °
 EV _____ °

FOREFOOT SUP _____ °
 PRO _____ °

90° OTHER
HEEL HEIGHT 3/16
 1/4
 1/8

MODIFICATIONS

+ / BUILDUPS LOCATION
 1/8 _____
 5/32 _____
 3/16 _____
 1/4 _____
 OTHER _____

- / REDUCTIONS LOCATION
 1/8 _____
 5/32 _____
 3/16 _____
 1/4 _____
 OTHER _____

TRIMLINES

FOOTPLATE FULL
 METS
 SULCUS
 OTHER _____

VARUS MOD
 VALGUS MOD
 EXTENDED LATERAL
 EXTENDED MEDIAL
 DORSAL WRAP
 INNER BOOT*
*PROVIDE HEEL-DORSUM ○

MATERIAL SELECTION TRANSFER: NONE DESIGN _____

PLASTIC POLYPROPYLENE
 COPOLYMER
 POLYETHYLENE

THICKNESS 5/32
 3/16
 1/4
 1/8

COLOR _____
 BLACK COPOLY
 NATURAL

PADDING ALIPLAST
 PLASTAZOTE
 PE-LITE
 OTHER

THICKNESS 5/32
 3/16
 1/4
 1/8

LOCATION _____
 LATERAL
 MEDIAL
 FULL

REINFORCEMENT CORRUGATION POLYCARBON C

FINISH

UNFINISHED BLACK PURPLE BLUE RED BEIGE PINK OTHER

STRAPS LEATHER CHAFE MEDIAL
 DACRON CHAFE LATERAL
 FIG 8 1"
 INSTEP 2"

STRAP COLOR BLACK PURPLE BLUE RED BEIGE PINK OTHER

OTHER VENT HOLES
 EXT HEEL POST CREPE PLASTIC _____ °
 EXT FOREFOOT POST CREPE PLASTIC _____ °

NOTES: