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LOWER EXTREMITY

SHIP TO:

DATE ___/___/___ COMPANY _____

PATIENT NAME: _____

BRACE TYPE:

- AFO KAFO KO PTB CROW BOOT SMO UCBL
 LEFT RIGHT BILATERAL



CAST CORRECTION:

- ANKLE: CORRECT TO 90 CORRECT VALGUS / VARUS
 FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

MATERIALS:

- POLYPRO COPOLY POLYETH

THICKNESS:

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

LINER: YES NO THICKNESS: 1/8 3/16

TONGUES: YES NO

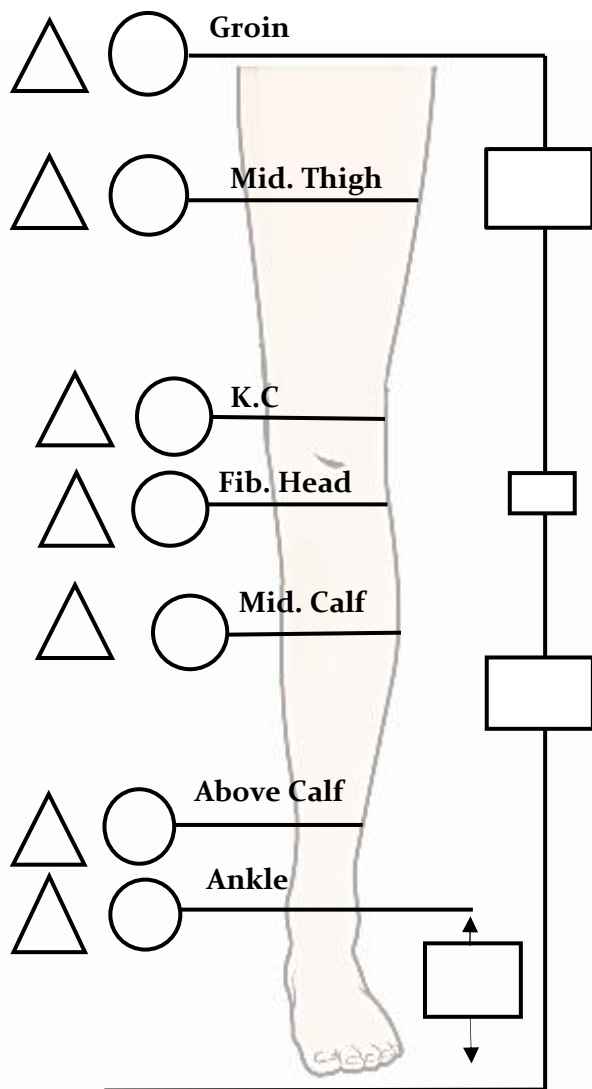
KNEE JOINTS: _____

ANKLE: _____

FOOT PLATE TRIM:

- MET SULCUS FULL

OTHER INFORMATION:



Tidwell's Use Only

Received

Date Out