



Plastic SMO/UCBL Workorder Rev. 11072023

Received: _____ By: _____

Rush Charge Lab use only

PO#: _____ Date Needed: _____

Name: _____

Practitioner: _____

Company: _____

Ship to (if different): _____

Left Weight: _____

Address: _____

Right Activity Level: _____

City, State, Zip: _____

Bilateral

Email: _____

Shipping Method: _____

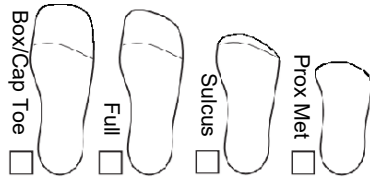
Phone: _____

UPS/Fedex #: _____

Prep Fill/Modify are typically 1 unit for pediatric, 2 for adult, and 3 for large AKs/hips/chest

- FF Fill _____
- FM Modify _____
- Adjust _____

Foot Plate/Trimlines



AFO Type

- FSMO SMO
- FUCBL Rigid Foot

Plastic

- PolyPro
- CoPoly
- FATHD* - Heavy Duty
- FTFC ProComp 1/4"

Thickness

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

Inner Boot

- Yes FAIB No PolyPro

Plastic

- CoPoly
- Optiflex
- MPE

Transfer Paper

ZTP _____

Boot Trimline

- 3/4
- Total Contact

Thickness

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

Straps

- | | Ankle | Center | Calf | Color |
|---|-------|--------|-------|--------------------------------------|
| <input type="checkbox"/> ZS1 Velcro 1"- 1.5" | _____ | _____ | _____ | <input type="checkbox"/> Black |
| <input type="checkbox"/> ZSHD1 Dacron 1"- 1.5" | _____ | _____ | _____ | <input type="checkbox"/> Beige |
| <input type="checkbox"/> ZSV1 Velstretch 1"- 2" | _____ | _____ | _____ | <input type="checkbox"/> White |
| | | | | <input type="checkbox"/> Other _____ |

Attach Straps

- Yes No

Heel Buttress FAHB

- Lateral
- Medial

Insole Support | External Posting

- ZPIS Pelite In- _____ sole (per layer)
- Neutral to Bench
- Distance from Neutral _____

Add. Padding

Thickness

Pad Type

- | | (Black) | (Black) | (Skin) | (White) |
|--|--|---------|--------|---------|
| <input type="checkbox"/> Yes ZAA <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Puff <input type="checkbox"/> Plast <input type="checkbox"/> P.Cell <input type="checkbox"/> Aliplast | | | |
| <input type="checkbox"/> Plantar | <input type="checkbox"/> Puff <input type="checkbox"/> Plast <input type="checkbox"/> P.Cell <input type="checkbox"/> Aliplast | | | |
| <input type="checkbox"/> Calf | <input type="checkbox"/> Puff <input type="checkbox"/> Plast <input type="checkbox"/> P.Cell <input type="checkbox"/> Aliplast | | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Puff <input type="checkbox"/> Plast <input type="checkbox"/> P.Cell <input type="checkbox"/> Aliplast | | | |

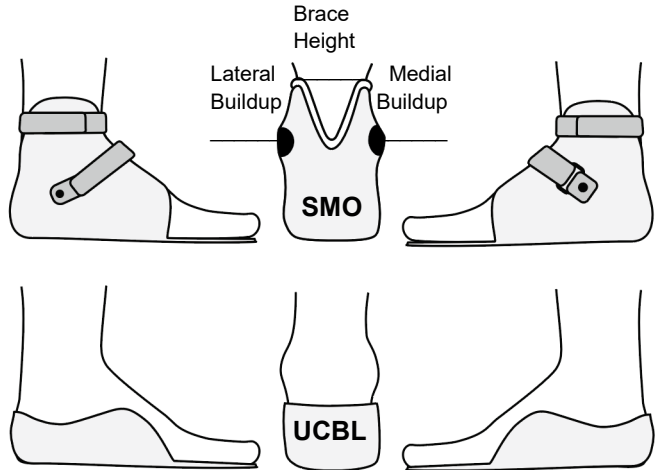
Pad Color Black Other: _____

Quality Assurance

- | | | |
|------------------|--------------------|-------------|
| Smooth edges | Joint Alignment | Mods |
| Symmetrical trim | Comp. Loctited | Pull |
| Pads glued/Incl. | All parts Incl. | Finish |
| Straps On/Incl. | Proj. tote cleared | QA |
| Strap placement | Engraved P.O. | Finish Date |

Modifications

Standard modifications are no reductions on SMO/UCBLs with 1/8" ankle buildup



Mod Notes

Hourly Labor FHL _____

Additional Notes

Send cast/parts to: Coyote, 419 N. Curtis Rd., Boise, ID 83706