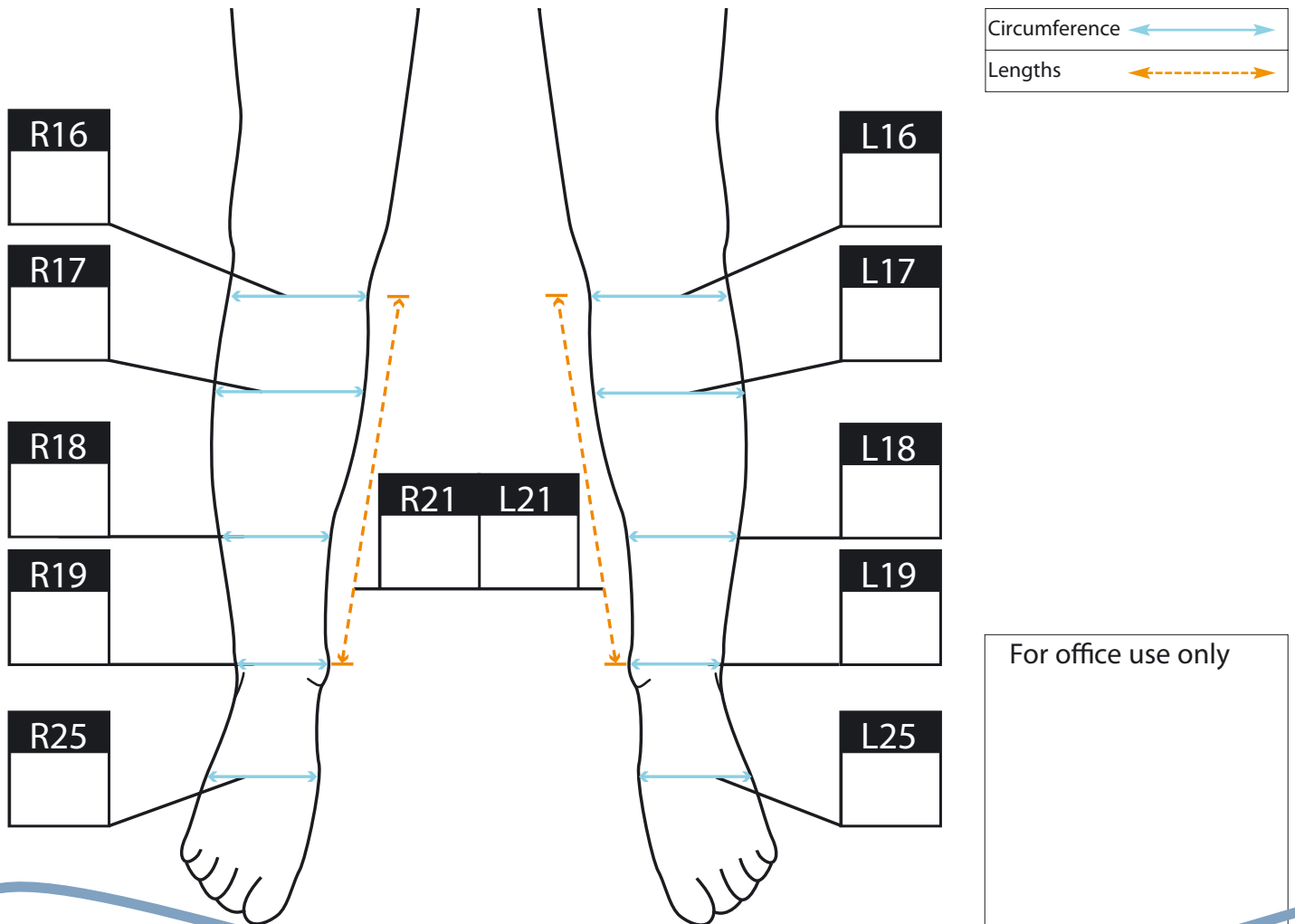
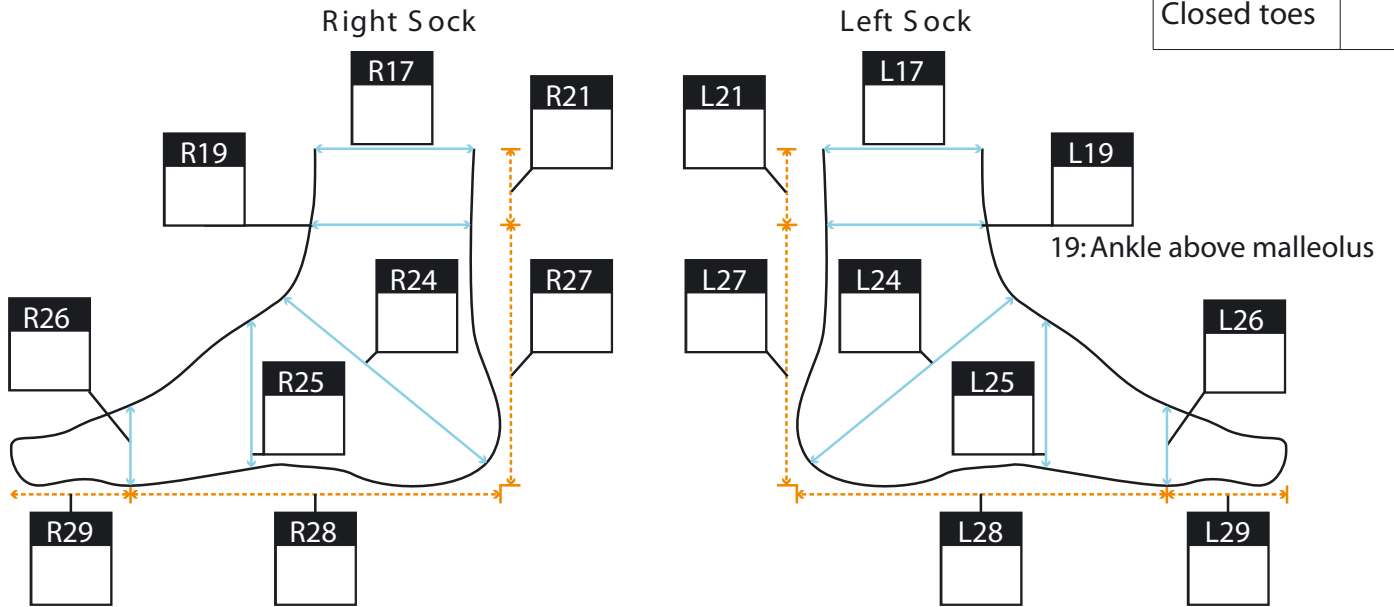


Patient Name: _____

Date of assessment: _____

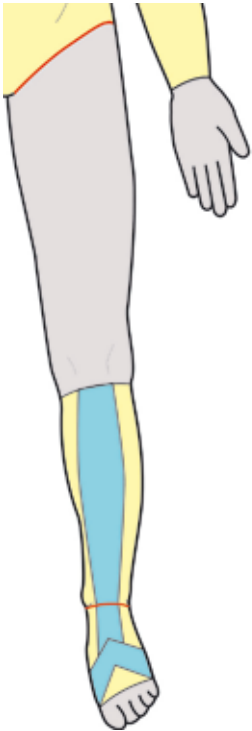
Please indicate

Open toes	<input type="checkbox"/>
Closed toes	<input type="checkbox"/>



Reinforcement Codes

Anterior view

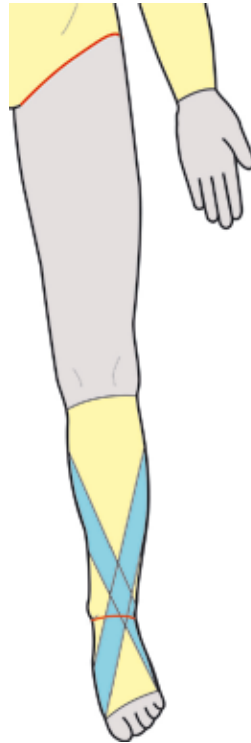


Plantar view

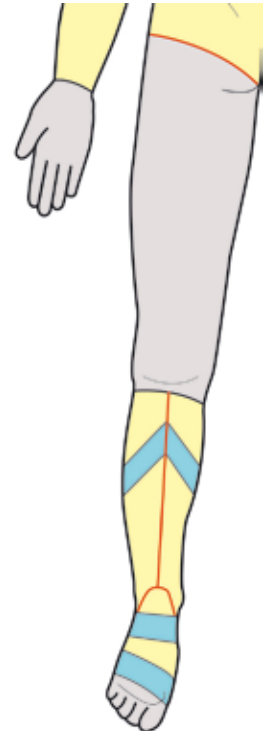


Lower Leg Central Panel Code: LL1

Anterior view

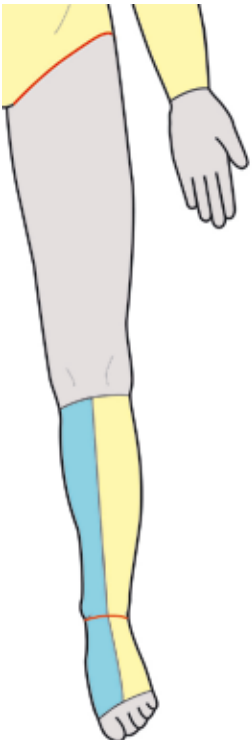


Posterior and
Plantar view

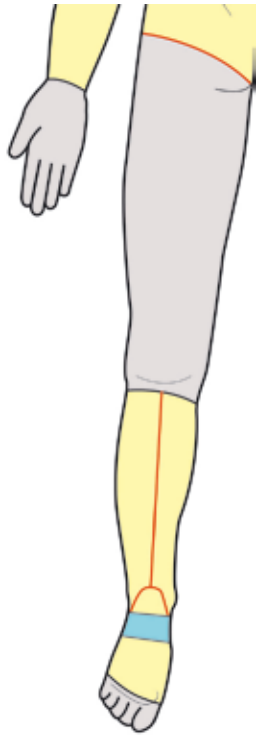


Lower Leg Cross Panel Code: LL2

Anterior view

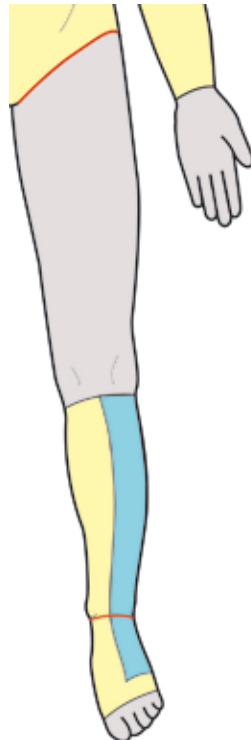


Plantar view

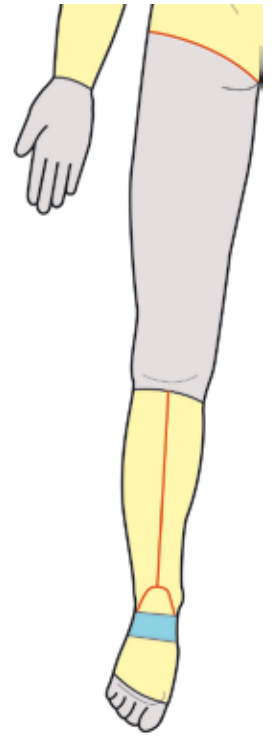


Lower Leg Medial Panel Code: LL3

Anterior view



Plantar view



Lower Leg Lateral Panel Code: LL4

Patient Name:

Date of assessment:

Please write or draw any additional information that will be useful for garment design:



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