

BOSTON CUSTOM SMO ORDER FORM

Order Date: _____ Due Date: _____ PO#: _____
 Ship To: _____ Contact Name: _____
 Address: _____ E-mail: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Shipping Method: _____ Fax: _____

Patient Name: _____ Athena # _____ Age: _____ Sex: _____
 Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____

Mold Type <input type="checkbox"/> Sending Cast(s) <input type="checkbox"/> Modified Mold(s) <input type="checkbox"/> Sending Scan <input type="checkbox"/> Mold(s) in Avon	Laterality <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right
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	Neutral	As Is	Correct to	Correct to	Post/Wedge Final Brace to Neutral
Ankle	L	<input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF
Hindfoot	L	<input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus
Forefoot	L	<input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus

Custom Brace Design Additions

1/8" Opflex
 3/16" Bocklite
 3/32" MPE

Molded Inner Boot

Wrap around 3/32" copoly
 Wrap around w/ tone reducing package (crepe heel stabilizer, pringle, met mod, toe pads)

Medial
 Lateral
 Full

Crepe
 SPP

Heel Stabilizer

Medial Cut- through
 Lateral Cut- through

Instep Strap Style

Padding

1/8" malleoli pads, before pull, color matched
 Unlined
 Other (specify location, foam type/color, thickness, and before/after pull)

Plastic

1/8" Copoly
 Other:

Thickness _____

Plastic Type _____

Finished Trimlines - cm

Footplate trims encompass met heads
 Specialized **Medial** Long Short(pre-met) High Low-profile
Lateral Long Short(pre-met) High Low-profile

Transfer & Color

Brace: _____

None

Straps: White Black Blue Red
 Pink Yellow Purple

Required

Footplate Length

Lateral Height



Optional

Malleoli ML

Forefoot ML

Other Design Requests

Avon Use Only Casts Received: L R BL

Date _____ Rev 21 10/20