

BOSTON CUSTOM AFO 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: _____

Brace Design	Mold Type	Laterality
<input type="checkbox"/> Solid <input type="checkbox"/> PLS <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Total Contact SAFO	<input type="checkbox"/> Sending Cast(s) <input type="checkbox"/> Modified Mold(s) <input type="checkbox"/> Sending Scan <input type="checkbox"/> Mold(s) in Avon	<input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right

Mold Alignment	Custom Brace Design Additions																																							
<table border="1"> <thead> <tr> <th></th> <th>Neutral</th> <th>As Is</th> <th>Correct to</th> <th>Correct to</th> <th>Post/Wedge Final Brace to Neutral</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Ankle</td> <td>L <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °PF</td> <td>_____ °DF</td> <td><input type="checkbox"/></td> </tr> <tr> <td>R <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °PF</td> <td>_____ °DF</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">Hindfoot</td> <td>L <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °valgus</td> <td>_____ °varus</td> <td><input type="checkbox"/></td> </tr> <tr> <td>R <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °valgus</td> <td>_____ °varus</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">Forefoot</td> <td>L <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °valgus</td> <td>_____ °varus</td> <td><input type="checkbox"/></td> </tr> <tr> <td>R <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ °valgus</td> <td>_____ °varus</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Neutral	As Is	Correct to	Correct to	Post/Wedge Final Brace to Neutral	Ankle	L <input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF	<input type="checkbox"/>	R <input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF	<input type="checkbox"/>	Hindfoot	L <input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus	<input type="checkbox"/>	R <input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus	<input type="checkbox"/>	Forefoot	L <input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus	<input type="checkbox"/>	R <input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus	<input type="checkbox"/>	<input type="checkbox"/> 1/8" Opflex <input type="checkbox"/> 3/16" Bocklite <input type="checkbox"/> 3/32" MPE <input type="checkbox"/> Post opening 3/32" MPE <input type="checkbox"/> Wrap around for use with 3/32" plastic <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Full <input type="checkbox"/> Crepe <input type="checkbox"/> SPP <input type="checkbox"/> Lift full length w/ toe rocker: <input type="checkbox"/> L Height _____ " <input type="checkbox"/> R
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Padding	Molded Pretibial Shell
<input type="checkbox"/> 1/8" malleoli pads, before pull, color matched <input type="checkbox"/> Unlined (standard if PLS) <input type="checkbox"/> Fully lined, 1/8" alipast unless otherwise specified: _____ <input type="checkbox"/> Other (specify location, foam type/color, thickness, and before/after pull) _____	<input type="checkbox"/> 1/16" LDPE Tongue <input type="checkbox"/> Clamshell w/3/16" alipast liner <input type="checkbox"/> 3/16" Pelite @ Ankle <input type="checkbox"/> 3/16" Procomp @ Ankle <input type="checkbox"/> 1/8" SPP Chevron @ Posterior <input type="checkbox"/> Medial Cut- Through <input type="checkbox"/> Lateral Cut- Through <input type="checkbox"/> Figure 8

Finished Trimlines - cm	Plastic	Transfer & Color
<input type="checkbox"/> Footplate trims encompass met heads <input type="checkbox"/> Specialized Medial <input type="checkbox"/> Long <input type="checkbox"/> Short(pre-met) <input type="checkbox"/> High <input type="checkbox"/> Low-profile Lateral <input type="checkbox"/> Long <input type="checkbox"/> Short(pre-met) <input type="checkbox"/> High <input type="checkbox"/> Low-profile	<input type="checkbox"/> 1/8" Copoly <input type="checkbox"/> Other: Thickness _____ Plastic Type _____	Brace: _____ <input type="checkbox"/> None Straps: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Purple

Required

Lateral Height:

Posterior Height:

Footplate Length:

Optional

Calf Circumference:

Malleoli ML:

Forefoot ML:



Other Design Requests

AFO Socks Infant Child Small
 Child Adult Small
 Reg

Avon Use Only
 Casts Received: L R BL
 Date: Rev 9 10/20