

BOSTON CUSTOM GRAFO 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

- Sending Cast(s) Modified Mold(s)
 Sending Scan Mold(s) in Avon

Laterality

- Bilateral Left Right

Mold Alignment

		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"/>

Custom Brace Design Additions

- 1/8" Opflex
 3/16" Bocklite
 3/32" MPE } **Molded Inner Boot**
- Medial
 Lateral } Crepe
 Full } SPP **Heel Stabilizer**
- 3/16" @ Ankle
 3/16" Procomp @ Ankle
 1/8" SPP Chevron @ Posterior } **Reinforcement**
- Medial Cut- Through
 Lateral Cut- Through } **Instep Strap Style**
 Figure 8

Padding

- 1/8" malleoli pads, & 3/16" Tibial pads, white cloud, before pull
- Unlined
- Fully lined, 1/8" aliplast unless otherwise specified _____
- Other (specify location, foam type/color, thickness, and before/after pull)

Plastic

- 3/16" 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

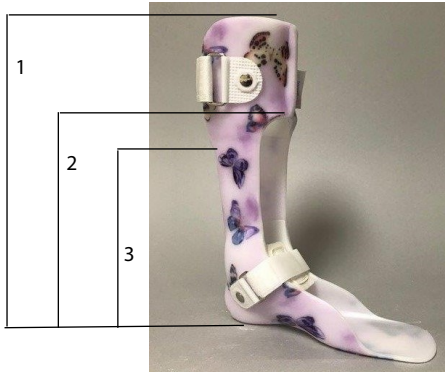
Required

Proximal Anterior Height (1)

Distal Anterior Height (2)

Posterior Height (3)

Footplate Length



Optional

Calf Circumference

Malleoli ML

Forefoot ML

Transfer & Color

- Brace: _____
 None
- White Black Blue Red
- Straps:
 Pink Yellow Purple

Other Design Requests

- AFO Socks** Infant Child Small
 _____ pairs Child Reg Adult Small

Avon Use Only Casts Received: L R BL

Date Rev 9 10/20