

BOSTON CUSTOM AAFO 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: _____

Boston Night Stretch AFO **Standard**
 Tamarack free motion, 3/16" liner, tibia strap, instep strap sized per AFO's, layover forefoot strap, adjustable plantarflexion control straps, 1" loop&chafe attached on distal medial lateral forefoot, tread on plantar surface
 Non- Standard

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

Laterality
 Bilateral Left Right

	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
 Post opening 3/32" MPE
Molded Inner Boot

Wrap around for use with 3/32" plastic
 Medial
 Lateral
 Full
 Crepe
 SPP
Heel Stabilizer

Lift full length w/ toe rocker: L Height _____"
 R

Padding
 1/8" malleoli pads, before pull, color matched
 Unlined
 Other (Please specify) _____

1/16" LDPE Tongue
 Clamshell w/3/16" aliplast liner
Molded Pretibial Shell

Ankle Joint & Control Free Motion
 Tamarack PF Stop w/ silencer Pre-articulated
 75 85 95 } Dorsi-assist Elite 795 } Adjustable Stop

Medial Cut- Through
 Lateral Cut- Through
 Figure 8
Instep Strap Style

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 Optional

Plastic
 1/8" Copoly
 Other:
 Thickness _____
 Plastic Type _____

Transfer & Color
 Brace: _____ None
 Straps: White Black Blue
 Red Pink Yellow
 Purple

Lateral Height

 Posterior Height

 Footplate Length



Calf Circumference

 Malleoli ML

 Forefoot ML

Other Design Requests

AFO Socks Infant Child Small
 Child Adult Small
 Reg
 _____ pairs

Avon Use Only
 Casts Received: L R BL
 Date Rev 23 10/20