

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

Mold Alignment						Custom Brace Design Additions						
		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"/>	<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	} Molded Inner Boot				
	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"/>				<input type="checkbox"/> Wrap around for use with 3/32" plastic <input type="checkbox"/> Medial } <input type="checkbox"/> Lateral } <input type="checkbox"/> Crepe <input type="checkbox"/> Full } <input type="checkbox"/> SPP	} Heel Stabilizer	
	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"/>	<input type="checkbox"/> Lift full length w/ toe rocker: <input type="checkbox"/> L Height _____ " <input type="checkbox"/> R					
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____ °valgus	_____ °varus	<input type="checkbox"/>						

Padding		Molded Pretibial Shell	
<input type="checkbox"/> 1/8" malleoli pads, before pull, color matched		<input type="checkbox"/> 1/16" LDPE Tongue	} Molded Pretibial Shell
<input type="checkbox"/> Unlined (standard if PLS)		<input type="checkbox"/> Clamshell w/3/16" aliplast liner	
<input type="checkbox"/> Fully lined, 1/8" aliplast unless otherwise specified: _____		<input type="checkbox"/> 3/16" Pelite @ Ankle	} Reinforcement
<input type="checkbox"/> Other (specify location, foam type/color, thickness, and before/after pull)		<input type="checkbox"/> 3/16" Procomp @ Ankle	
		<input type="checkbox"/> 1/8" SPP Chevron @ Posterior	
		<input type="checkbox"/> Medial Cut- Through	} Instep Strap Style
		<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"/> 1/8" Copoly	Brace: _____ <input type="checkbox"/> None
<input type="checkbox"/> Specialized Medial <input type="checkbox"/> Long <input type="checkbox"/> Short(pre-met) <input type="checkbox"/> High <input type="checkbox"/> Low-profile		<input type="checkbox"/> Other:	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
Lateral <input type="checkbox"/> Long <input type="checkbox"/> Short(pre-met) <input type="checkbox"/> High <input type="checkbox"/> Low-profile		Thickness _____	
Required	Optional	Plastic Type _____	
Lateral Height _____	Calf Circumference _____		
Posterior Height _____	<input type="checkbox"/> Malleoli ML _____		
Footplate Length _____	<input type="checkbox"/> Forefoot ML _____		



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 9 10/20