

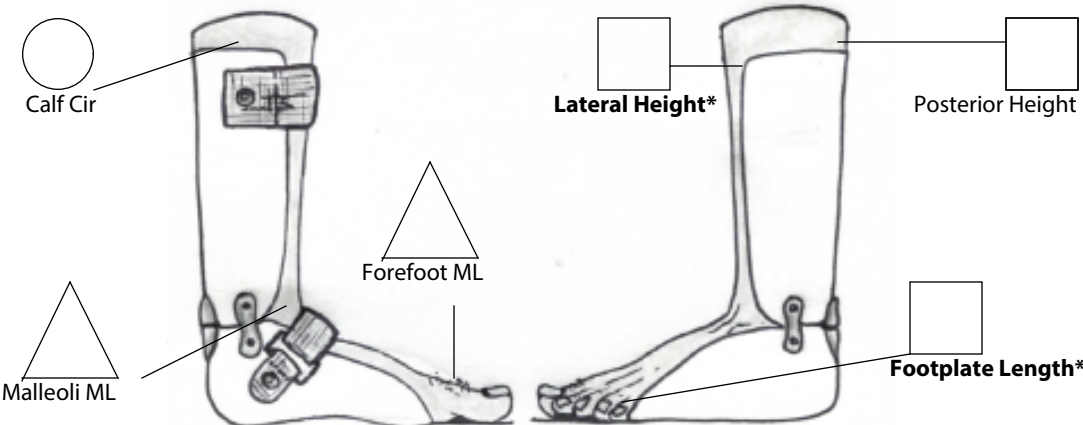
BOSTON AAFO ORDER FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ E-mail: _____

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Side: Left Right Bilateral Non-Ambulatory
 Diagnosis: _____

Standard Modifications Are Presumed Unless Otherwise Specified

| Ankle Alignment | Hindfoot/ Forefoot Alignment | Add-on Materials | |
|---|---|--|--|
| <input type="checkbox"/> Standard- 90° <input type="checkbox"/> As Is <input type="checkbox"/> Correct Ankle to: _____ <input type="checkbox"/> °DF <input type="checkbox"/> °PF <input type="checkbox"/> Feet are asymmetrical | <input type="checkbox"/> Standard - Neutral <input type="checkbox"/> Correct FF to: _____ <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus <input type="checkbox"/> As Is <input type="checkbox"/> Correct HF to: _____ <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus <input type="checkbox"/> As Is | <input type="checkbox"/> Pre-tibial Shell <input type="checkbox"/> Tongue: 1/16" LDPE <input type="checkbox"/> Molded Inner Boot: 1/8" Opflex (if pad,before pull STD) <input type="checkbox"/> Heel Post: 1/4" SPP <input type="checkbox"/> Wrap Around (3/32 or Thinner) <input type="checkbox"/> Wrap around w/tone reducing (includes heel post, pringle and met mods/toe pads) | |
| Ankle | Padding | | Plastic |
| <input type="checkbox"/> Standard- Tamarack <input type="checkbox"/> PF Stop <input type="checkbox"/> Silencer <input type="checkbox"/> Adjustable <input type="checkbox"/> Elite <input type="checkbox"/> 795 <input type="checkbox"/> Free Motion <input type="checkbox"/> Pre- Articulated (uncut) <input type="checkbox"/> Standard- Dorsi Assist 85 <input type="checkbox"/> 75 <input type="checkbox"/> 95 | <input type="checkbox"/> Standard- 1/8" Malleolus Pad White Colored Foam Before Pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull Specify Other: _____ <hr/> Trimlines-Encompass Metatarsal STD <input type="checkbox"/> Proximal Brim Flare <input type="checkbox"/> Long Medial <input type="checkbox"/> High Medial <input type="checkbox"/> Long Lateral <input type="checkbox"/> High Lateral Other: _____ | | <input type="checkbox"/> Standard- 1/8" Copoly Specify Other: _____ <hr/> Transfer/Color Brace: _____ Straps: _____ Notes: |



* Measurements in bold required for finish

For Avon Use

Mold (s) / Cast (s) Received
 Left Right Bilateral
 Date: _____

Rev 17 4/17