

# BOSTON SMO ORDER FORM

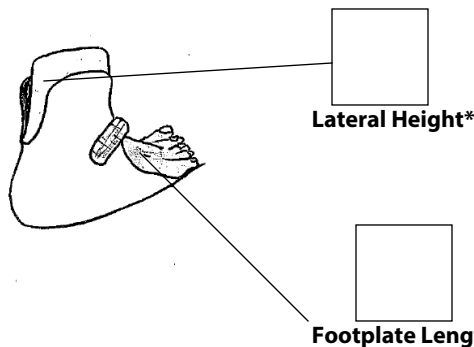
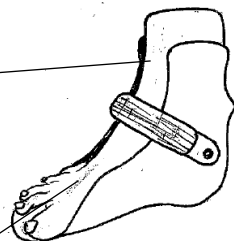
Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ E-mail: \_\_\_\_\_

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: _____ °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"/> As Is _____ <input type="checkbox"/> °Valgus <input type="checkbox"/> Correct HF to: <input type="checkbox"/> °Varus <input type="checkbox"/> As Is _____ <input type="checkbox"/> °Valgus	<input type="checkbox"/> Molded Inner Boot: 1/8" Opflex (if pad, before pull Standard) <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 mod/toe pads)

Trimlines-Encompass Metatarsal/ Full Footplate STD	Padding	Plastic
<input type="checkbox"/> Long Medial <input type="checkbox"/> High Medial <input type="checkbox"/> Long Lateral <input type="checkbox"/> High Lateral <input type="checkbox"/> Sulcus Trim Other: _____	<input type="checkbox"/> Standard- 1/8" Malleolus Pad White Colored Foam Before Pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull Specify Other: _____	<input type="checkbox"/> Standard- 1/8" Copoly Specify Other: _____
	<b>Transfer/Color</b> Brace: _____ Straps: _____	<b>Notes</b>    



\* Measurements in bold required for finish

### For Avon Use

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

Rev 17 4/17