

BOSTON SMO ORDER FORM

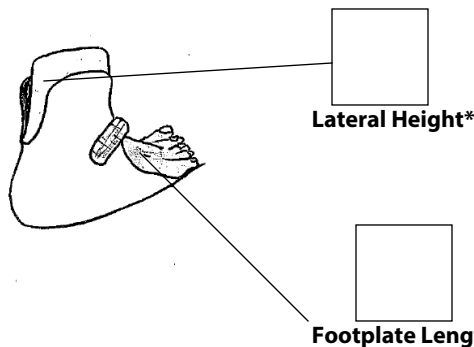
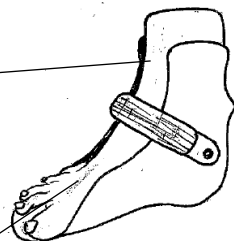
Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ E-mail: _____

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: _____ <input type="checkbox"/> °DF <input type="checkbox"/> _____ <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: _____
	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