

# BOSTON AFO ORDER FORM

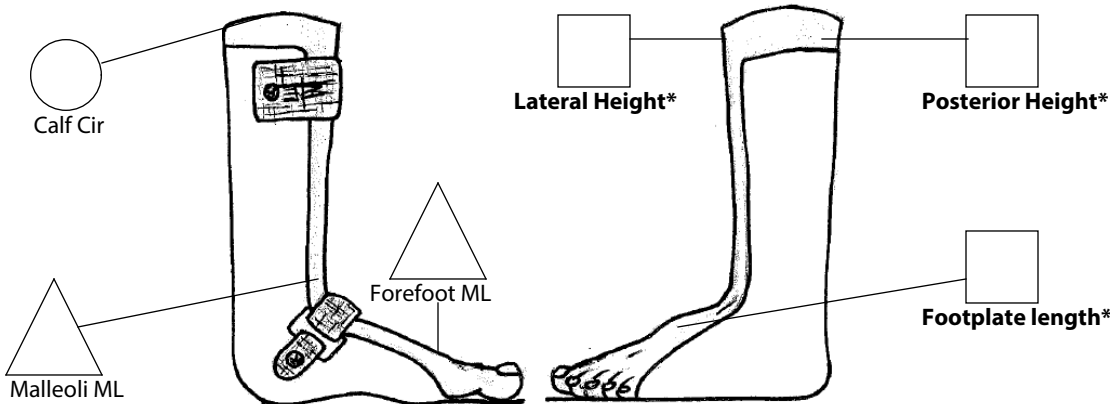
Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PATIENT INFORMATION

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

### Standard Modifications Are Presumed Unless Otherwise Specified

<p><b>Ankle Alignment</b></p> <input type="checkbox"/> Standard- 90° <input type="checkbox"/> As Is <input type="checkbox"/> Correct Ankle to: _____ <input type="checkbox"/> Feet are asymmetrical	<p><b>Hindfoot/ Forefoot Alignment</b></p> <input type="checkbox"/> Standard - Neutral <input type="checkbox"/> Correct FF to: _____ <input type="checkbox"/> As Is <input type="checkbox"/> Correct HF to: _____ <input type="checkbox"/> As Is	<p><b>Add-on Materials</b></p> <input type="checkbox"/> Clamshell ( full liner) <input type="checkbox"/> Tongue: 1/16" LDPE <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)	
<p><b>Ankle</b></p> <input type="checkbox"/> Solid <input type="checkbox"/> Semi Solid <input type="checkbox"/> PLS	<p><b>Padding</b></p> <input type="checkbox"/> Standard- 1/8" Malleolus Pad White Colored Foam Before Pull <input type="checkbox"/> Unlined <input type="checkbox"/> After Pull Specify Other: _____	<p><b>Plastic</b></p> <input type="checkbox"/> Standard- 1/8" Copoly Specify Other: _____	
Specify Other: _____ _____ _____	<p><b>Trimlines- Encompass Metatarsal STD</b></p> <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: _____	<p><b>Transfer/Color</b></p> Brace: _____ Straps: _____	<p><b>Notes</b></p> _____ _____



\*Measurements in bold required for finish

### For Avon Use

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

Rev 17 4/17