

BOSTON AFO ORDER FORM

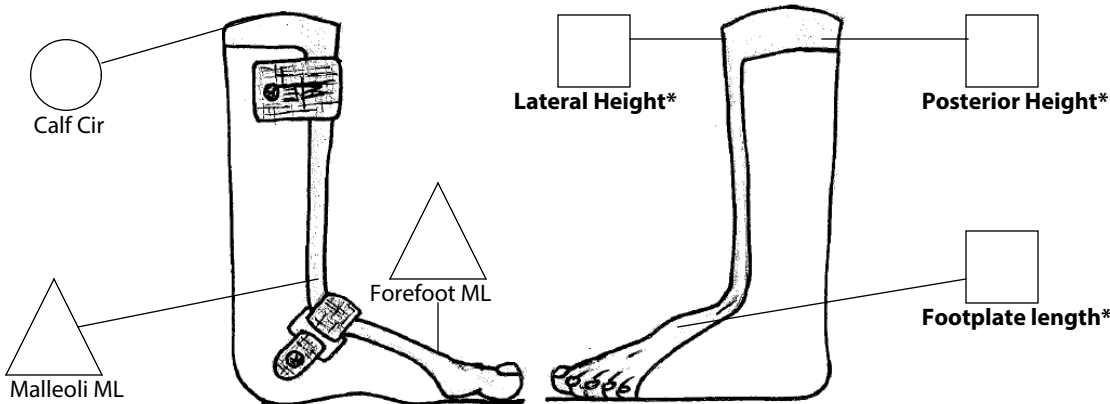
Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ E-mail: _____

PATIENT INFORMATION

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

Standard Modifications Are Presumed Unless Otherwise Specified

<p>Ankle Alignment</p> <input type="checkbox"/> Standard- 90° <input type="checkbox"/> As Is <input type="checkbox"/> Correct Ankle to: _____ <input type="checkbox"/> Feet are asymmetrical	<p>Hindfoot/ Forefoot Alignment</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>Add-on Materials</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>Ankle</p> <input type="checkbox"/> Solid <input type="checkbox"/> Semi Solid <input type="checkbox"/> PLS	<p>Padding</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>Plastic</p> <input type="checkbox"/> Standard- 1/8" Copoly Specify Other: _____	
Specify Other: _____ _____ _____	<p>Trimlines- Encompass Metatarsal STD</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>Transfer/Color</p> Brace: _____ Straps: _____	<p>Notes</p> _____ _____



*Measurements in bold required for finish

For Avon Use

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

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