

BOSTON AFO ORDER FORM

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

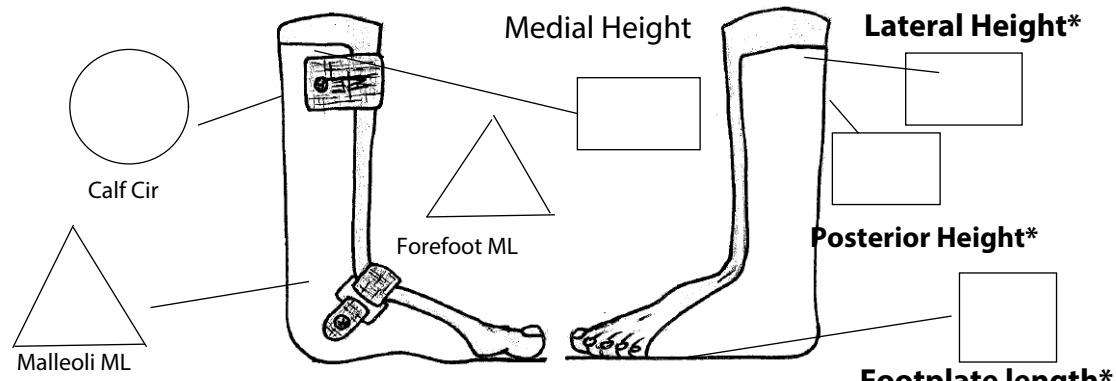
PATIENT INFORMATION

Patient Name: _____ Cast Scan Existing Mold
 Age: _____ Sex: _____ Ht: _____ Wt: _____ Side: Left Right Bilateral Non-Ambulatory

Diagnosis: _____ **Standard Modifications are presumed unless specified**

<p>Ankle Alignment and Correction</p> <p><input type="checkbox"/> Standard 90° <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Alignment as Is <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Correct Ankle to:</p> <p><input type="checkbox"/> Left <input type="checkbox"/> °DF _____ <input type="checkbox"/> °PF _____</p> <p><input type="checkbox"/> Right <input type="checkbox"/> °DF _____ <input type="checkbox"/> °PF _____</p> <p>Heel Post standard dense crepe</p> <p><input type="checkbox"/> Heel Only <input type="checkbox"/> Extend, taper at toes</p> <p><input type="checkbox"/> Add Heel lift balance to 90 degrees</p> <p><input type="checkbox"/> Match L to R <input type="checkbox"/> Match R to L</p> <p>Heel Lift: Left _____ Right _____</p>	<p>Hindfoot/ Forefoot Alignment</p> <p><input type="checkbox"/> Standard - Neutral Hind foot/ Neutral Forefoot <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Hindfoot As Is <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Left HF <input type="checkbox"/> Neutral _____ varus _____ valgus</p> <p><input type="checkbox"/> Right HF <input type="checkbox"/> Neutral _____ varus _____ valgus</p> <p><input type="checkbox"/> Leave Forefoot as is, add post to balance</p> <p>Left FF <input type="checkbox"/> Neutral _____ varus _____ valgus</p> <p>Right FF <input type="checkbox"/> Neutral _____ varus _____ valgus</p>	<p>Brace Design Additions</p> <p><input type="checkbox"/> Clamshell standard 3/16" aliplast full liner Provide A/P at calf _____</p> <p><input type="checkbox"/> Tongue: 1/16" LDPE</p> <p><input type="checkbox"/> Wrap Around (3/32" or thinner)</p> <p><input type="checkbox"/> Full Heel Stabilizer 1/4" SPP</p> <p><input type="checkbox"/> Medial heel SPP <input type="checkbox"/> Lateral Heel SPP</p> <p>Molded Inner Boot</p> <p><input type="checkbox"/> 1/8" Opflex (pad, before pull standard) <input type="checkbox"/> 3/16" Bock Lite</p>
<p>Padding : Lab Standard- 1/8" Malleolus Pad Matching Colored Foam Before Pull</p> <p><input type="checkbox"/> No Pads in brace <input type="checkbox"/> Add Pad After Pull</p> <p><input type="checkbox"/> Include Navicular <input type="checkbox"/> Full Liner 1/8" aliplast</p> <p><input type="checkbox"/> Other _____</p>		<p>Plastic</p> <p><input type="checkbox"/> Lab Standard 1/8" Copoly</p> <p><input type="checkbox"/> Other _____</p>

<p>AFO Design</p> <p><input type="checkbox"/> Solid</p> <p><input type="checkbox"/> Semi Solid</p> <p><input type="checkbox"/> PLS</p> <p><input type="checkbox"/> Total Contact SAFO</p> <p>Other _____</p>	<p>Trim Lines: Lab Standard encompass Met Heads</p> <p><input type="checkbox"/> Proximal Brim Flare</p> <p><input type="checkbox"/> Full Length Medial <input type="checkbox"/> High Medial</p> <p><input type="checkbox"/> Full Length Lateral <input type="checkbox"/> High Lateral</p> <p><input type="checkbox"/> Low Profile Trim lines</p>	<p>Transfer/Color/Straps</p> <p>Brace _____</p> <p>Straps _____</p> <p><input type="checkbox"/> No color</p>	<p>Other Design Additions</p>
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***Measurements in bold required for finish**

AFO Socks:

Child Small Child Regular

Adult Small # pairs _____

For Avon Use

Mold (s) / Cast (s) Received

Left Right Bilateral

Date: _____

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