

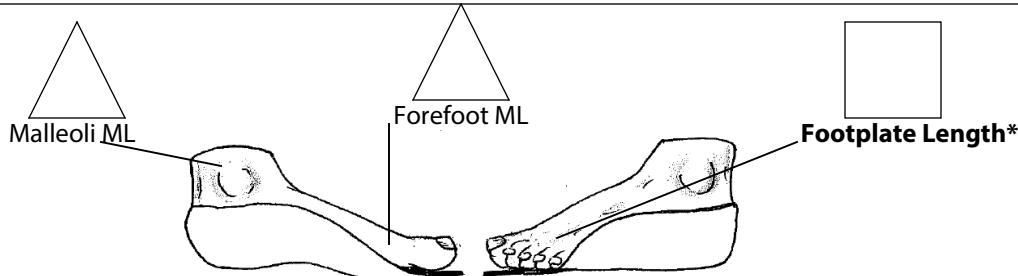
BOSTON UCB ORDER FORM

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

<p>Ankle Alignment</p> <p><input type="checkbox"/> Standard- 90°</p> <p><input type="checkbox"/> As Is</p> <p><input type="checkbox"/> Feet are asymmetrical</p>	<p>Hindfoot/ Forefoot Alignment</p> <p><input type="checkbox"/> Standard - Neutral</p> <p><input type="checkbox"/> Correct FF to: _____ <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus</p> <p><input type="checkbox"/> As Is</p> <p><input type="checkbox"/> Correct HF to: _____ <input type="checkbox"/> °Varus <input type="checkbox"/> °Valgus</p> <p><input type="checkbox"/> As Is</p>	<p>Add-on Materials</p> <p><input type="checkbox"/> Heel Post: 1/4" SPP</p> <p>Other: _____</p>
<p>Trimlines</p> <p><input type="checkbox"/> Standard- Encompass Metatarsal / Full Foot plate</p> <p><input type="checkbox"/> Long Medial <input type="checkbox"/> High Medial</p> <p><input type="checkbox"/> Long Lateral <input type="checkbox"/> High Lateral</p> <p><input type="checkbox"/> Sulcus Trim</p> <p>Other: _____</p>	<p>Padding</p> <p><input type="checkbox"/> Standard- Unlined</p> <p>Specify Other: _____</p>	<p>Plastic</p> <p><input type="checkbox"/> Standard- 1/8" Copoly</p> <p>Specify Other: _____</p>
	<p>Transfer/Color</p> <p>Brace: _____</p>	<p>Notes</p>



* Measurements in bold required for finish

For Avon Use

Mold (s) / Cast (s) Received
 Left Right Bilateral
 Date: _____
 Rev 17 4/17