

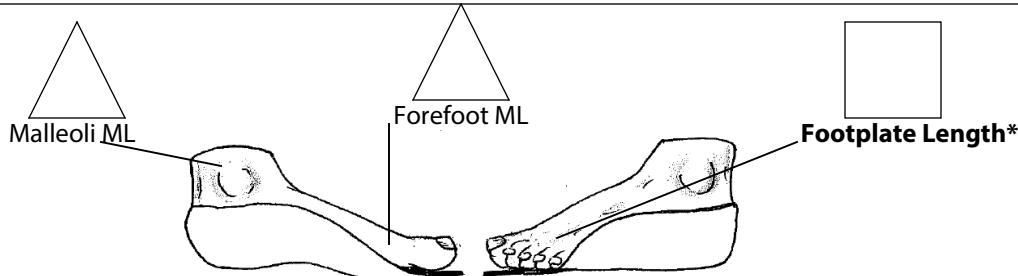
# BOSTON UCB ORDER FORM

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

Ankle Alignment	Hindfoot/ Forefoot Alignment	Add-on Materials
<p><input type="checkbox"/> Standard- 90°</p> <p><input type="checkbox"/> As Is</p> <p><input type="checkbox"/> Feet are asymmetrical</p> <p><b>Trimlines</b></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><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><b>Padding</b></p> <p><input type="checkbox"/> Standard- Unlined</p> <p>Specify Other: _____</p> <p><b>Transfer/Color</b></p> <p>Brace: _____</p>	<p><input type="checkbox"/> Heel Post: 1/4" SPP</p> <p>Other: _____</p> <p><b>Plastic</b></p> <p><input type="checkbox"/> Standard- 1/8" Copoly</p> <p>Specify Other: _____</p> <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