

BOSTON CUSTOM UCB ORDER FORM

Order Date: _____ Due Date: _____ PO#: _____
 Ship To: _____ Contact Name: _____
 Address: _____ E-mail: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Shipping Method: _____ Fax: _____

Patient Name: _____ Athena # _____ Age: _____ Sex: _____
 Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____

Mold Type

- Sending Cast(s) Modified Mold(s)
 Sending Scan Mold(s) in Avon

Laterality

- Bilateral Left Right

Mold Alignment

		Neutral	As Is	Correct to	Correct to	Post/Wedge Final Brace to Neutral
Hindfoot	L	<input type="checkbox"/>	<input type="checkbox"/>	°valgus	°varus	<input type="checkbox"/>
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____°valgus	_____°varus	<input type="checkbox"/>
Forefoot	L	<input type="checkbox"/>	<input type="checkbox"/>	_____°valgus	_____°varus	<input type="checkbox"/>
	R	<input type="checkbox"/>	<input type="checkbox"/>	_____°valgus	_____°varus	<input type="checkbox"/>

Custom Brace Design Additions

- Medial
 Lateral
 Full
- Crepe
 SPP
- Heel Stabilizer**

Padding

- Unlined
 Other (specify location, foam type/color, thickness, and before/after pull)

Plastic

- 1/8" Copoly
 Other: _____
 Thickness _____
 Plastic Type _____

Finished Trimlines - cm

- Footplate trims encompass met heads
 Specialized Medial Long Short(pre-met) High Low-profile
 Lateral Long Short(pre-met) High Low-profile

Required

Footplate Length

Optional

Forefoot ML



Transfer & Color

Brace: _____ None

Other Design Requests

Avon Use Only

Casts Received: L R BL

Date

Rev 21 10/20