

BOSTON CUSTOM AAFO 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: _____

Boston Night Stretch AFO **Standard**
 Tamarack free motion, 3/16" liner, tibia strap, instep strap sized per AFO's, layover forefoot strap, adjustable plantarflexion control straps, 1" loop&chafe attached on distal medial lateral forefoot, tread on plantar surface
 Non- Standard

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
Ankle	L <input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF	<input type="checkbox"/>
	R <input type="checkbox"/>	<input type="checkbox"/>	_____ °PF	_____ °DF	<input type="checkbox"/>
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

1/8" Opflex
 3/16" Bocklite
 3/32" MPE
 Post opening 3/32" MPE

Molded Inner Boot

Wrap around for use with 3/32" plastic

Medial Crepe
 Lateral SPP
 Full

Heel Stabilizer

Lift full length w/ toe rocker: L Height _____"
 R

Padding

1/8" malleoli pads, before pull, color matched
 Unlined
 Other (Please specify) _____

1/16" LDPE Tongue **Molded Pretibial Shell**
 Clamshell w/3/16" aliplast liner

Ankle Joint & Control

Free Motion
 Tamarack PF Stop w/ silencer Pre-articulated
 75 85 95 } Dorsi-assist Elite 795 } Adjustable Stop

Medial Cut- Through
 Lateral Cut- Through
 Figure 8

Instep Strap Style

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

Lateral Height _____
 Posterior Height _____
 Footplate Length _____

Optional

Calf Circumference _____
 Malleoli ML _____
 Forefoot ML _____

Plastic

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

Transfer & Color

Brace: _____ None
 Straps: White Black Blue
 Red Pink Yellow
 Purple

Other Design Requests

AFO Socks Infant Child Small Child Adult Small Reg

Avon Use Only
 Casts Received: L R BL
 Date _____ Rev 23 10/20

