

BOSTON CUSTOM SMO 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
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 } **Molded Inner Boot**
- Wrap around 3/32" copoly
 Wrap around w/ tone reducing package
 (crepe heel stabilizer, pringle, met mod, toe pads)
- Medial } Crepe } **Heel Stabilizer**
 Lateral } SPP }
 Full }
- Medial Cut- through } **Instep Strap Style**
 Lateral Cut- through }

Padding

- 1/8" malleoli pads, before pull, color matched
 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

Transfer & Color

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

Required

Footplate Length

Lateral Height



Optional

Malleoli ML

Forefoot ML

Other Design Requests

Avon Use Only Casts Received: L R BL

Date Rev 21 10/20