

The Boca Brace



Date: _____ P.O #: _____
 Account Name: _____
 Billing Address: _____

 City: _____ State: _____
 Zip: _____
 Phone: _____
 Fax: _____
 Email Address: _____

PATIENT INFORMATION:
 Name: _____
 Age: _____ Sex: M or F
 Weight: _____
 Diagnosis: _____
 Shoe Size: _____
 Type of Shoes: _____

Uprights: Split (Std.) Solid
Pad Color: Black Red Blue

Ankle Joint:
 Full Flexion Rivet Joint
 90° Tamarack (Std.) Durometer:
 Dorsi Flexion Assist 75 85

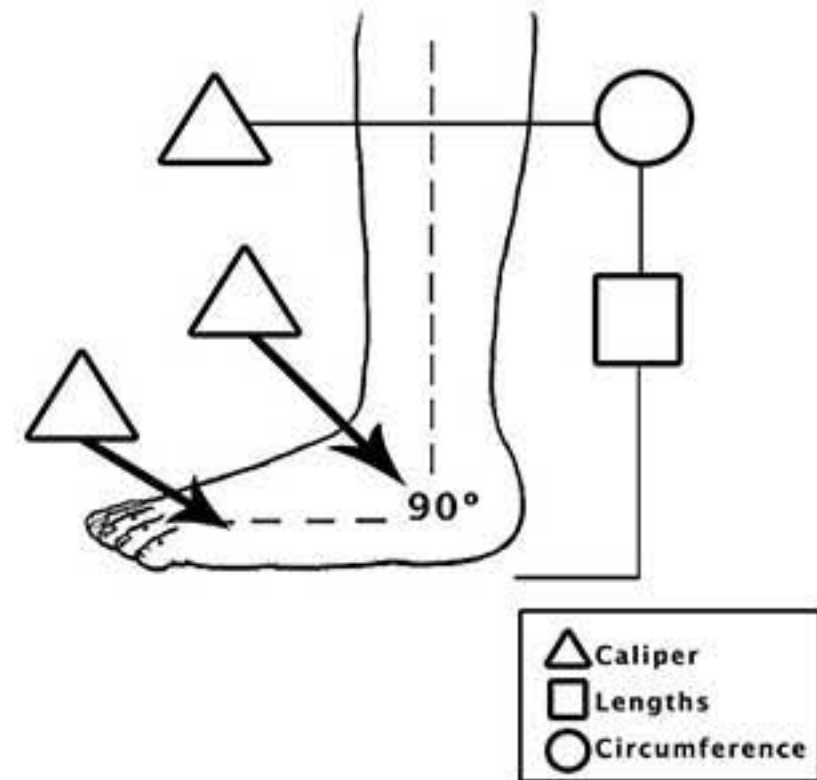
Foot Plate Shell Length:
 To Met (Std.)
 To Sulcus
 To Toes

Heel Cup:
 35mm (std.) 18mm 14mm Other: _____

Forefoot Post: None (Std.) Yes: M/L _____

SHIP TO (if different from billing address)
 Company Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____
 Fax: _____

NOTE: This brace is FULLY custom molded-cast MUST be above calf.



Cast Correction:
 90°
 _____° Dorsiflexion Plantarflexion
 Do Not Correct

MARK FOR ACCOMMODATIONS

Hind Foot Subtalar: Neutral Do not Correct
Forefoot Aligment: Neutral Do Not Correct

Foot Plate Trim Lines:
 Standard Thin

Top Cover Length:
 To Mets To Sulcus (Std.) To Toes

Top Cover Material:
 EVA (Std.) *Neoprene *Plastazote/Poron
 *additional charge

Arch Fill;
 Minimum
 Standard
 Maximum

Ankle Alignment:
 90° _____ D/P

Hind Foot:
 Neutral (Std.)
 Do Not Correct

Modify Foot Plate:
 Navicular Styloid 5th Met