

BOSTON ELBOW ORDER FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ E-mail: _____

Patient Name: _____ Cast Scan Existing Mold
 Age: _____ Sex: _____ Ht: _____ Wt: _____ Side: Left Right Bilateral

Diagnosis: _____ **Device Type:** **Add on's: (Straps and pads standard)**
 Ratchet elbow extension Tongue (1/8 firm aliplast)
 Ratchet elbow flexion Anterior / Posterior shell
 ROM elbow Other: _____
 Elbow immobilizer
 Joints on Order from Clinic PO#: _____
 BO&P to Order PO#: _____

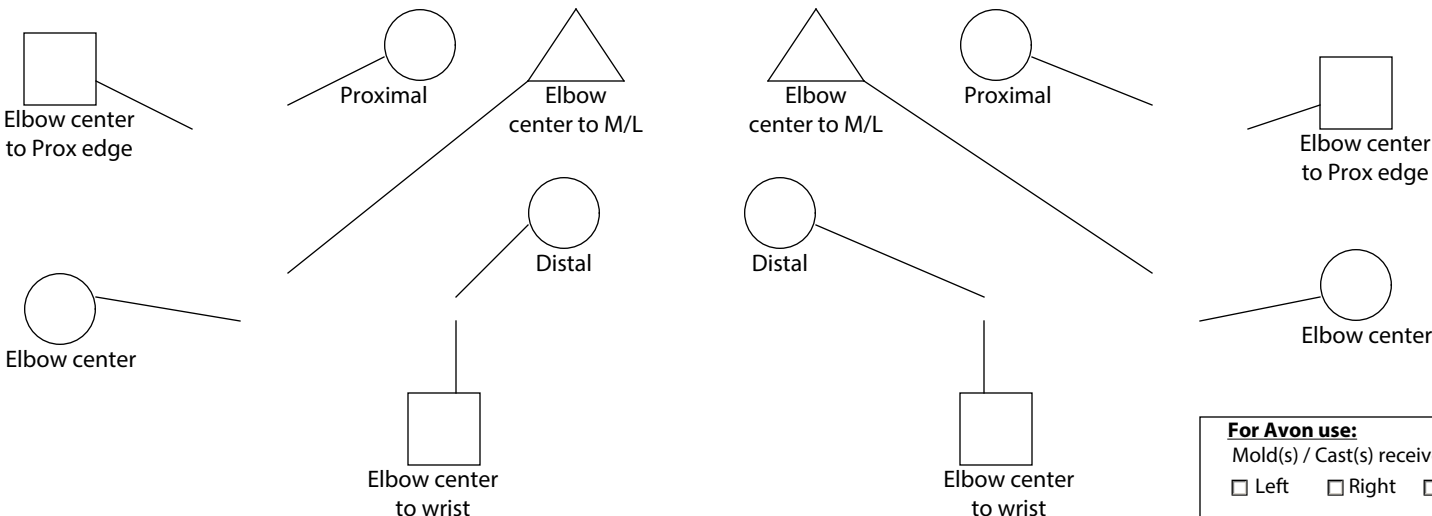
Alignment: As is standard Correct elbow to: _____
Modifications: Distal flare at wrist standard Mild donning modification standard
Opening: Posterior recommend for extension assist Anterior recommended for flexion assist

Plastic: 1/8 copoly standard Other: _____
Padding: 1/4 aliplast full liner standard Other: _____
Transfer Color: Brace _____ Straps _____

Elbow Joints: OTS CC4ESL-RT OTS CC4ESL-LT Becker U-30-2 ROM w/stops Other: _____
Elbow Immobilizer: (3) PCV strut 1", 1/4 aliplast, 1/8 firm foam standard Other: _____

Notes:

Provide all measurements and indicate trim lines on model below



For Avon use:
 Mold(s) / Cast(s) received
 Left Right Bilateral
 Date: _____