Boston Brace Original Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Original Wearer Scan Label:_____

Patient Name:_____ Ht: ____ft____in Wt:_____lbs

Age:_____ Sex:_____ Diagnosis: _____

Anatomical Measurements

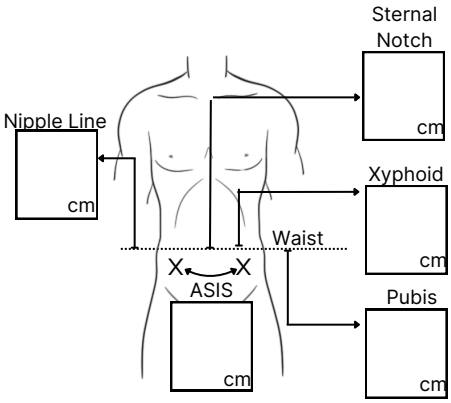
	Cir.	M/L	A/P
Axilla	cm	cm	cm
Nipple Line	cm	cm	
Xyphoid	cm	cm	cm
Lower Rib	cm	cm	
Waist	cm	cm	cm
ASIS	cm	cm	cm
Trochanter	cm	cm	cm

Sternal Notch

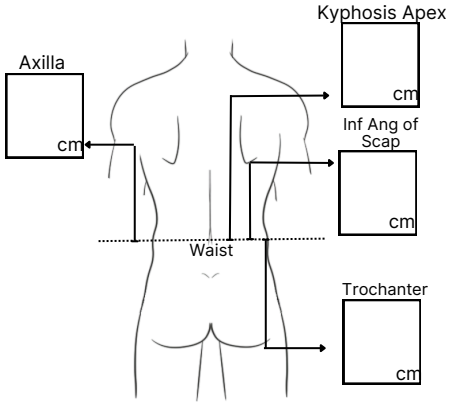
Pubis

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		



Kyphosis Options

☐ Sternal Bar
☐ Pectoral Extensions

Lordosis

☐ **Match scan/cast**
☐ 15 degrees
☐ Other: ____

Abdominal Shape

☐ **Neutral**
☐ 10 degrees from Pt. presentation
☐ Other: ____

Lumbar Relief

☐ Left ☐ Right

Straps

☐ **White**
☐ Black

Finished

☐ **Yes**
☐ No

Boston Sensor

☐ Send Sensor
☐ Sensor Hole

Liner

☐ **3/16"** ☐ Unlined
☐ Other: _____

Plastic

☐ **Copoly 5/32"**
☐ Copoly 1/8"
☐ Other: _____

☐ Lumbar Reinforcement

Transfer

1st_____
2nd_____

Scoli Tees

☐ Single ☐ Double

Qty:_____

LAB USE ONLY

CAD	OVEN	DESIGN

FINISH	PADS	QC

Brace Design (Optional)

	Left	Right
Prokyphotic Extension:	☐	☐
Axilla:	☐	☐
Thoracic Extension:	____ ☐	☐ ____
Thoracic Pad:	____ ☐	☐ ____
Thoracic Window:	☐	☐
Gusset:	☐	☐
Lumbar Pad:	____ ☐	☐ ____
Trochanter Extension:	☐	☐
Trochanter Pad:	☐	☐

Finished Heights (From waist)

Sternal Notch: _____cm
Thoracic Ext: _____cm
Xyphoid: _____cm
Pubis: _____cm

Kyphosis Apex: _____cm
Axilla: _____cm
Inf Angle Scap: _____cm
Seat: _____cm

Pads ☐ Yes ☐ No ☐ Send
Gusset ☐ Yes ☐ No ☐ Send

Notes:

Boston Brace International, Inc. ("Boston O&P") is a company that is part of the OP Specialty Bracing division

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