## **Boston Soft Spinal Orthosis Postural Order Form** PO #: \_\_\_\_\_ Contact: \_\_\_\_ \_\_\_\_\_ Due Date:\_\_\_\_\_ Ship Via:\_\_\_\_\_ Email: \_\_\_\_\_ Ship To: Account #: Phone: Address: State: Zip: Previous SSO Postural Wearer Scan Label: City: G-Tube Relief Baclofen Ht: \_\_\_ft in Wt:\_\_\_lbs Patient Name: Pump Relief Diagnosis: Sex: Age: Waist to Device **Anatomical Measurements** Shape Capture Center to Cir. M/L Scan Cast Measure Only Device PT's Side Left Right Left Percent Symmetry ☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100% Cut Out Axilla Right Sternal Notch Build Breasts into orthosis Nipple Line Cup Size: \_\_\_\_ Spine of Scap Sternal Notch **Xyphoid** Axilla Nipple Line **Lower Rib** Inf Ang of Scap **Xyphoid** cm Waist Waist cm cm ASIS Trochanter **ASIS** Pubis **Trochanter** Anatomical LENGTHS taken from waist <u>Abdominal</u> Design Straps Plastic Abdominal Liner Copoly: 1/8" ☐ Frame Window Inner Soft: <u>Shape</u> Stays: MPE: 1/8" Plastic only ☐ Black 3/16" Neutral Permanent Other: \_\_\_\_ Foam and plastic Other: \_\_\_\_ Other: \_\_\_ Removable Outer Firm: ☐Smooth overlap Transfer Finished □1/8" white ☐ Send Sensor ☐ Yes 1st Foam Color: No Sensor Hole 2nd\_\_\_\_\_ Firm <u>Kyphosis</u> Lordosis Troch Ext. 25 degrees Left 25 degrees ☐ Match scan/cast ☐ Right Match scan/cast Other: \_\_\_\_ Other: \_\_\_\_\_ Pubis LAB USE ONLY Scoli Tees Notes: OVEN DESIGN CAD Single