

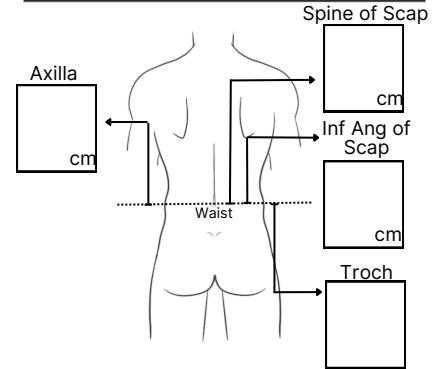
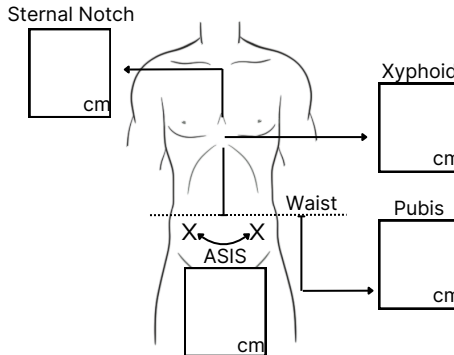
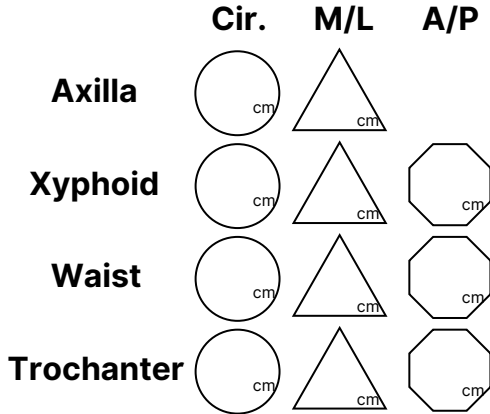
# Boston RC Brace Order Form

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ PO #: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Previous RC Wearer Scan Label: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ht: \_\_\_\_\_ft\_\_\_\_in Wt: \_\_\_\_\_lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Required	Lumbar/TL	Thoracic
Convexity	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

## Anatomical Measurements \*All measurements required



## Brace Design

Plastic  
 1/8" Copoly  
 Other: \_\_\_\_\_

### Straps

White  
 Black

### Transfer

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

## Boston Sensor

Send Sensor  
 Sensor Hole

## Rigo Cheneau Classification

A1: L3 tilted to thoracic apex  
 A2: L3/L4 horizontal  
 A3: L2/L3 apex, L4 tilted to lumbar



B1: L1/L2 apex  
 B2: T12 apex



C1: No lumbar curve  
 C2: Lumbar Curve on CSL



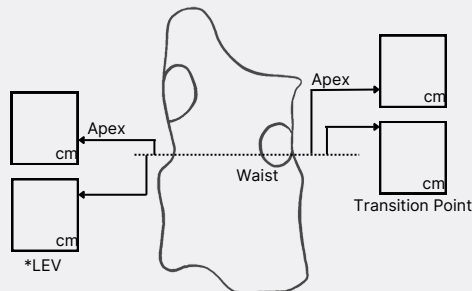
E1: L1 apex, curve off CSL  
 E2: T11/T12 apex off CSL

## CAD Design Section (Optional)

### Lumbar/TL

Left  Right  
 Pad Only

TL Extension  
 Height \_\_\_\_\_cm



### Thoracic Extension

Left  Right  
 Height \_\_\_\_\_cm

### Axillary Modifications

Left  Right  
 Outset Axilla : \_\_\_\_\_mm  
 Inset Axilla : \_\_\_\_\_mm

Open Hip

Posterior Extension

### LAB USE ONLY

CAD	OVEN	DESIGN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINISH	PADS	QC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Scoli Tees

Single  
 Double  
 Qty: \_\_\_\_\_

### Notes: