

Boston RC Brace Order Form

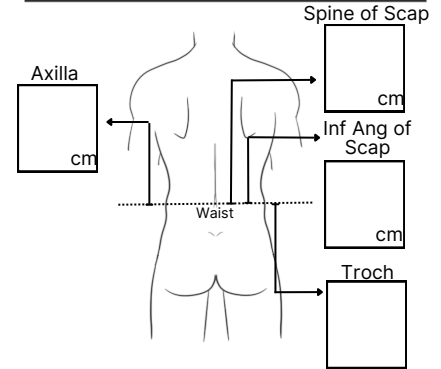
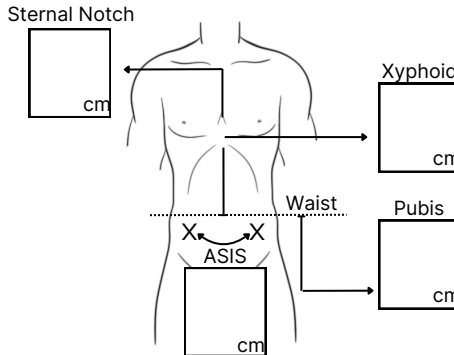
Date: _____ Due Date: _____ PO #: _____ Contact: _____
 Ship To: _____ Ship Via: _____ Email: _____
 Address: _____ Account #: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Previous RC Wearer Scan Label: _____

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

	Cir.	M/L	A/P
Axilla			
Xyphoid			
Waist			
Trochanter			



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

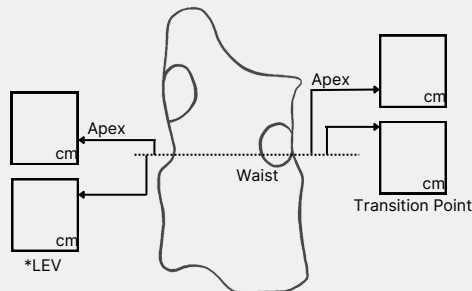
E1: L1 apex, curve off CSL
 E2: T11/T12 apex off CSL

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: