Boston 3D Brace Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ ☐Previous 3D Wearer Scan Label:_____

Patient Name:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

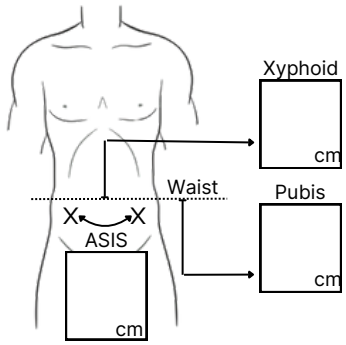
**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

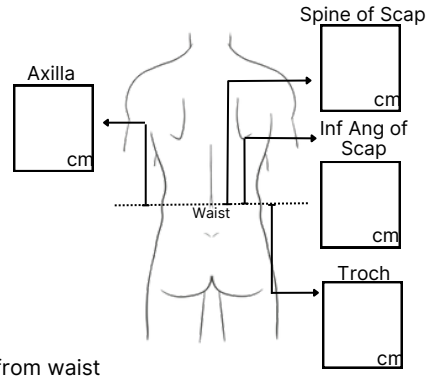
Anatomical Measurements

*All measurements required for BIVALVE SCANS

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

☐ASIS Anterior lateral relief





Anatomical LENGTHS taken from waist

Brace Design

Opening
☐**Posterior**
☐Anterior w/tongue

Liner
☐**3/16" Aliplast**
☐Unlined
☐1/8" Partial Liner

Plastic
☐**5/32" Copoly**
☐Other: _____

Straps
☐**White**
☐Black

Pads
☐**.5" Installed**
☐.5" Un-Installed
☐Unfinished Pads

Lumbar Reinforcement
☐Left ☐Right

Transfer
1st_____
2nd_____

☐Gusset

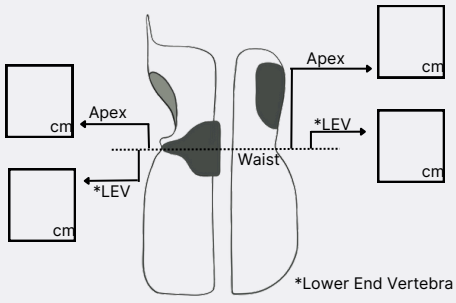
OPSB™ Sensor

☐Send Sensor
☐Sensor Hole

CAD Design Section

Lumbar/TL
☐Left ☐Right
☐Pad Only

☐TL Extension
Height_____cm



Thoracic Extension
☐Left ☐Right
Height_____cm

☐4-5 Pad
☐TL Window

Axillary Modifications
☐Left ☐Right
☐Outset Axilla : _____mm
☐Inset Axilla : _____mm

☐Posterior Extension

Scoli Tees

☐Single
☐Double
Qty: _____

Finished Heights *from waist

Xyphoid:_____cm Axilla: _____cm
Pubis: _____cm Inf Ang Scap:_____cm
Trochanter: _____cm
☐Left ☐Right

Notes:

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

37 Shuman Ave Stoughton MA 02072 - customerservice@bostonoandp.com