Boston Brace Nightshift Order Form

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

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Nightshift 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		

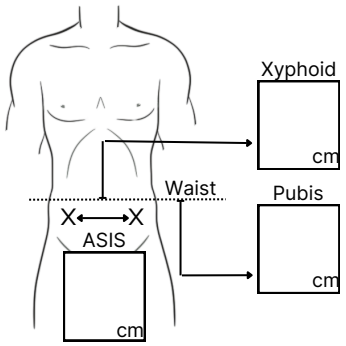
Anatomical Measurements

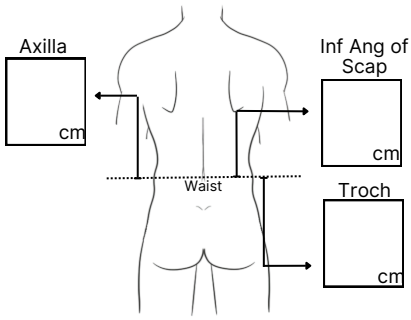
All measurements required in standing

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

Shape Capture

☐ Scan ☐ Measure Only ☐ Cast





☐ ASIS Anterior lateral relief

Brace Design

Abdominal Shape
- ■ **Neutral**
- ☐ Other: _____

Plastic
- ■ **1/8" Copoly**
- ☐ Other: _____

Straps
- ■ **White**
- ☐ Black

Liner
- ■ **1/4" Aliplast**
- ☐ Other: _____

Lordosis
- ■ **15 degrees**
- ☐ Other: _____

Transfer
- 1st_____
- 2nd_____

Tongue 1/16" PE
- ■ **Attached**
- ☐ Send

Boston Sensor

- ☐ Send Sensor
- ☐ Sensor Hole

CAD Design Section (Optional)

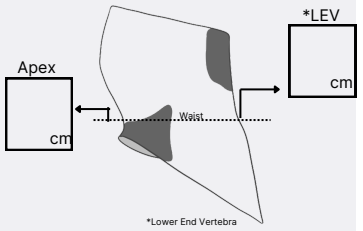
Lumbar
☐ Left ☐ Right
Push: ____ Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

Thoracolumbar (Apex T12- L1)
☐ Left ☐ Right
Push: ____ Shift: ____
Pad: ☐ 1/2" ☐ 1/4"

Thoracic Extension
☐ Left ☐ Right
Push: ____ Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

Axilla
☐ Left ☐ Right

Trochanter
☐ Left ☐ Right
Pad: ☐ 1/4"



LAB USE ONLY

CAD	OVEN	DESIGN

FINISH	PADS	QC

Finished Heights *from waist

Xyphoid: _____cm Axilla: _____cm

Thoracic Ext: _____cm Trochanter: _____cm

Scoli Tees

☐ Single ☐ Double Qty:_____

Notes:

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