Boston Nightshift Brace 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

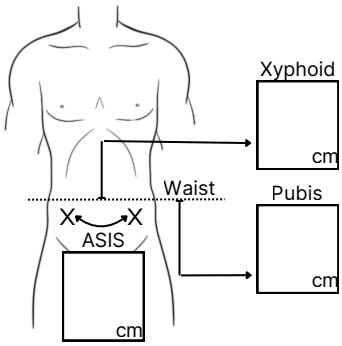
All measurements required in standing

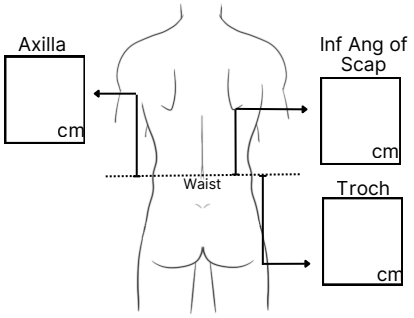
	Cir.	M/L	A/P
Axilla	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Measure Only ☐ Cast





Anatomical LENGTHS taken from waist

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 ☐ None

OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section (Optional)

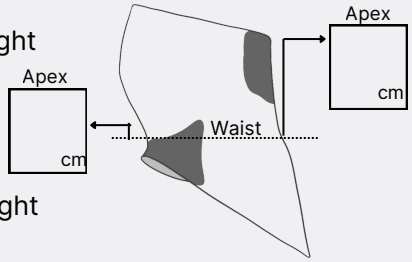
Lumbar
☐ Left ☐ Right
Push: ☐
Shift: ☐
Pad: ☐ 1/2" ☐ 1/4"
☐ Sym

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

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

Axilla
☐ Left ☐ Right

Trochanter
☐ Left ☐ Right
Pad: ☐ 1/4"



Scoli Tees

☐ Single
☐ Double
Qty: _____

Finished Heights

*from waist

Xyphoid: _____cm Axilla: _____cm
Thoracic Ext: _____cm Trochanter: _____cm
☐ Customer Trim ☐ **Technician Trim**

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