
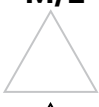
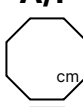
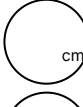
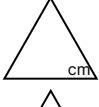


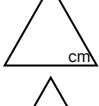
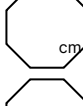
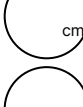
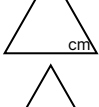
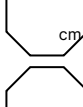

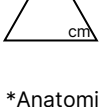
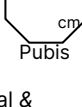


# Boston Brace Original Order Form

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

Patient Name: \_\_\_\_\_ Ht: \_\_\_\_\_ ft \_\_\_\_\_ in Wt: \_\_\_\_\_ lbs  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## Anatomical Measurements

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

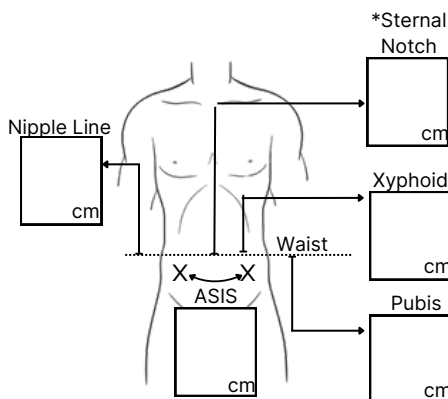
### Kyphosis Options

- ☐ Sternal Bar  
☐ Pectoral Extensions

\*Anatomical &  
Finished Heights  
Required

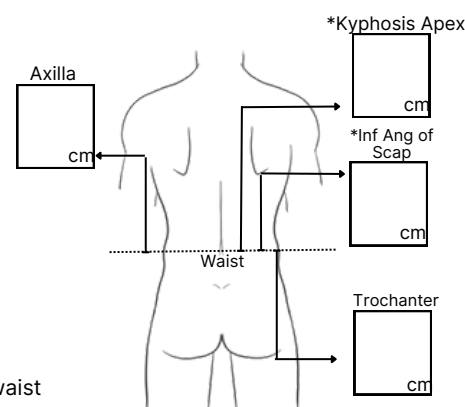
## Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



Anatomical LENGTHS taken from waist

**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		



## Lordosis

- ☐ Match scan/cast  
☐ 15 degrees  
☐ Other: \_\_\_\_\_

## Abdominal Shape

- ☐ Neutral  
☐ 10 degrees from Pt.  
presentation  
☐ Other: \_\_\_\_\_

## Lumbar Relief

- ☐ Left ☐ Right

## Straps

- ☐ White  
☐ Black

## Gusset

## Pads

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

## OPSB™ Sensor

- ☐ Send Sensor  
☐ Sensor Hole

## Liner

- ☐ 3/16" ☐ Unlined  
☐ Other: \_\_\_\_\_

## Lumbar Reinforcement

- ☐ Left ☐ Right

## Plastic

- ☐ Copoly 5/32"  
☐ Copoly 1/8"  
☐ Other: \_\_\_\_\_

## Transfer

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

## Finished

- ☐ Yes  
☐ No

## Brace Design (Optional)

	Left	Right
Prokyphotic Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Axilla:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Window:	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter Pad:	<input type="checkbox"/>	<input type="checkbox"/>

## Finished Heights (From waist)

\*Sternal Notch: \_\_\_\_\_ cm \*Kyphosis Apex: \_\_\_\_\_ cm  
Thoracic Ext: \_\_\_\_\_ cm Axilla: \_\_\_\_\_ cm  
Xyphoid: \_\_\_\_\_ cm \*Inf Angle Scap: \_\_\_\_\_ cm  
Pubis: \_\_\_\_\_ cm Seat: \_\_\_\_\_ cm

## Notes:

## Scoli Tees

- ☐ Single ☐ Double

Qty: \_\_\_\_\_