




















# 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: \_\_\_\_\_

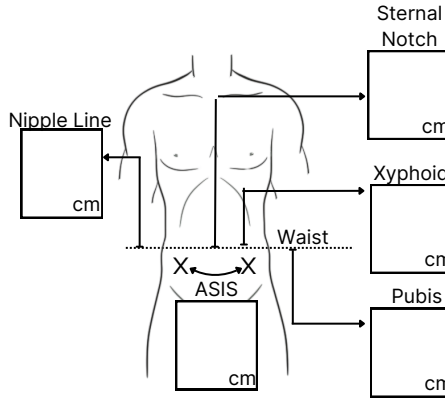
Patient Name: \_\_\_\_\_ Ht: \_\_\_\_\_ ft \_\_\_\_\_ in Wt: \_\_\_\_\_ lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## Anatomical Measurements

|                    | Cir.  | M/L   | A/P  |
|--------------------|---|---|--|
| <b>Axilla</b>      |  cm  |  cm  |  cm           |
| <b>Nipple Line</b> |  cm  |  cm  | Sternal Notch  |
| <b>Xyphoid</b>     |  cm  |  cm  |  cm           |
| <b>Lower Rib</b>   |  cm  |  cm  |  |
| <b>Waist</b>       |  cm  |  cm  |  cm           |
| <b>ASIS</b>        |  cm  |  cm  |  cm           |
| <b>Trochanter</b>  |  cm |  cm |  cm<br>Pubis |

## Shape Capture

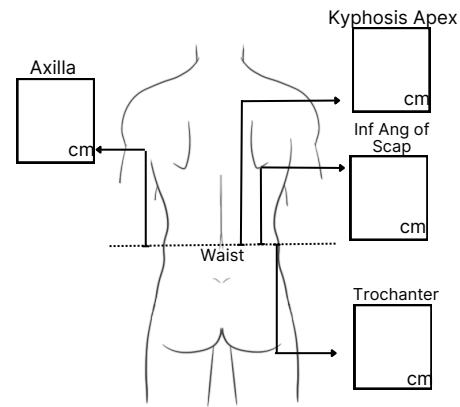
Scan  Cast  Measure Only



## Kyphosis Options

Sternal Bar  
 Pectoral Extensions

| **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

## Finished

Yes  
 No

## Boston Sensor

Send Sensor  
 Sensor Hole

## Liner

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

## Plastic

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

Lumbar Reinforcement

## Transfer

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

## Scoli Tees

Single  Double  
 Qty: \_\_\_\_\_

## 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"/> |
| Gusset:                | <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

**Pads**  Yes  No  Send

**Gusset**  Yes  No  Send

## Notes:

## 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"/> |