Boston RC Brace Order Form

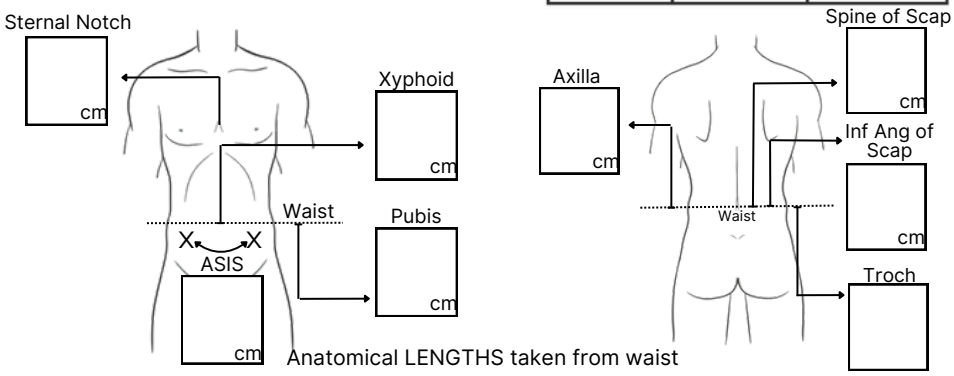
Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ ☐Previous RC Wearer Scan Label:_____

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

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



Brace Design

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

Straps
☐**White**
☐Black

Transfer
1st_____
2nd_____

OPSB™ Sensor

☐Send Sensor
☐Sensor Hole

Rigo Cheneau Classification

Selection required

☐A1: L3 titled to thoracic apex
☐Open Hip
☐A2: L3/L4 horizontal
☐A3: L2/L3 apex, L4 tilted to lumbar

☐B1: L1/L2 apex
☐B2: T12 apex

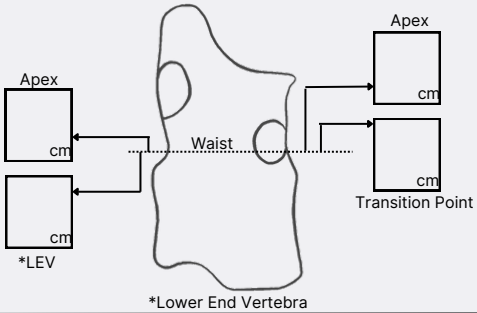
☐C1: No lumbar curve
☐C2: Lumbar Curve on CSL

☐E1: L1 apex, curve off CSL
☐E2: T11/T12 apex off CSL

CAD Design Section (Optional)

Lumbar/TL
☐Left ☐Right
☐Pad Only

☐TL Extension
Height_____cm



Thoracic Extension
☐Left ☐Right
Height_____cm

☐Open Hip

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

☐Posterior Extension

Scoli Tees

☐Single
☐Double

Qty: _____

Notes:

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