

# Boston Kyphosis Order Form

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

Patient Name: \_\_\_\_\_ Ht: \_\_\_ft\_\_\_in Wt: \_\_\_lbs  
 Age: \_\_\_ Sex: \_\_\_ Diagnosis: \_\_\_\_\_

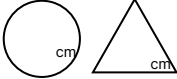
## Anatomical Measurements

**Cir. M/L A/P**

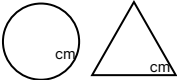
**Sternal Notch**



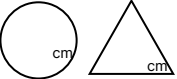
**Xyphoid**



**Waist**



**Trochanter**

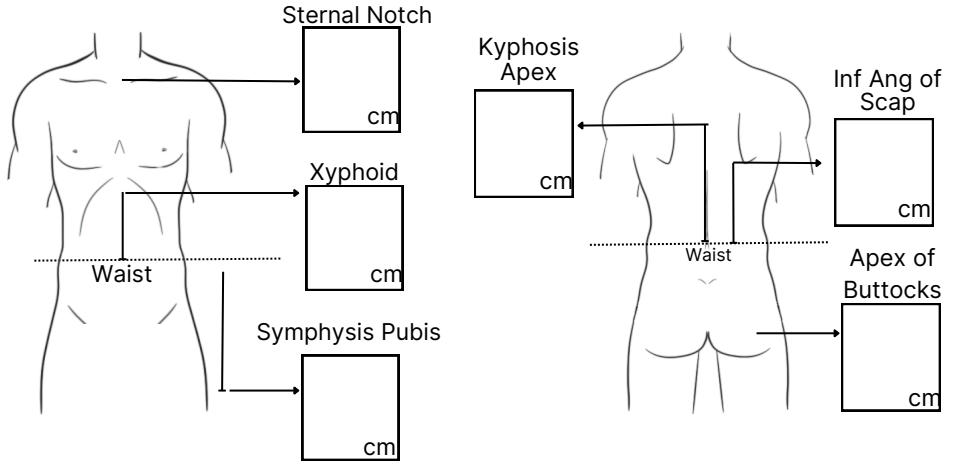


**Pubis**



## Shape Capture

Scan  Cast  Measure Only



Anatomical LENGTHS taken from waist

## Brace Design

Lordosis

15 degrees  
 Other: \_\_\_\_\_

Abdominal Shape

Neutral  
 Other: \_\_\_\_\_

Plastic

Copoly sized to model  
 Other: \_\_\_\_\_

Straps

White  
 Black

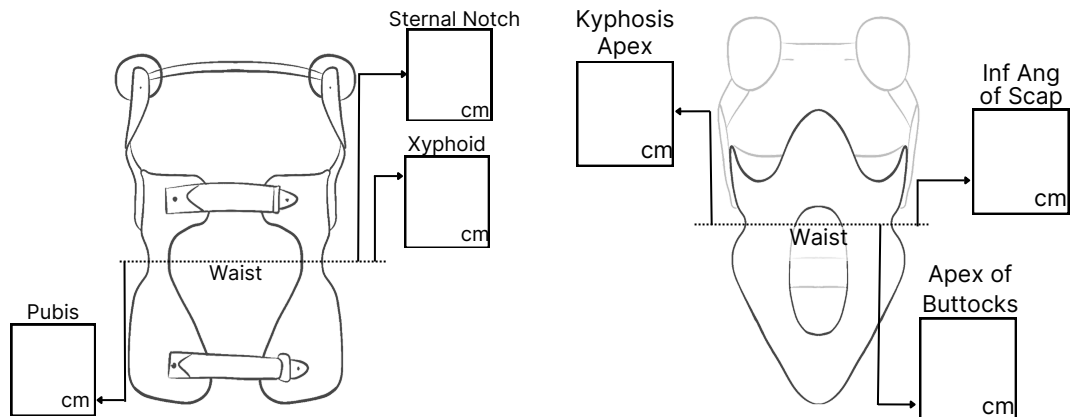
Boston Sensor

Send Sensor  
 Sensor Hole

Transfer

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

## Finished Heights



### 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"/>

### Scoli Tees

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

### Notes: