

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

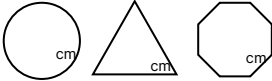
## Anatomical Measurements

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

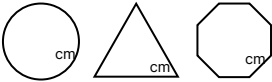
**Sternal Notch**



**Xyphoid**



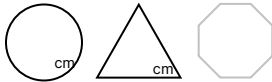
**Waist**



**Pubis**

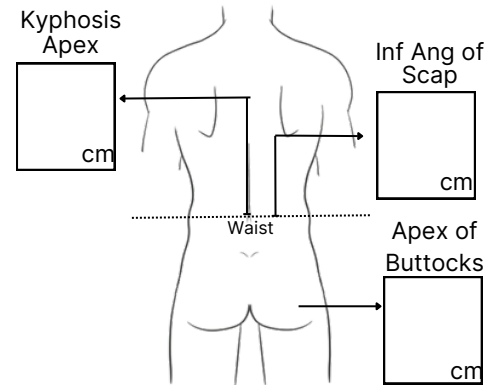
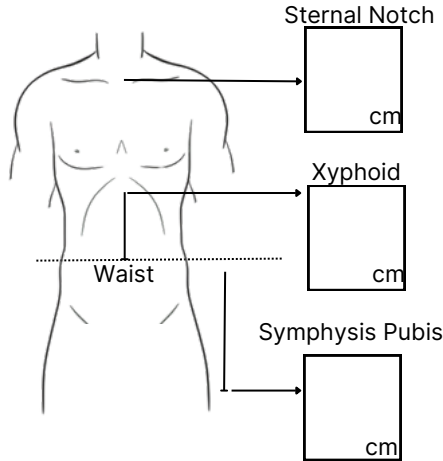


**Trochanter**



## 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

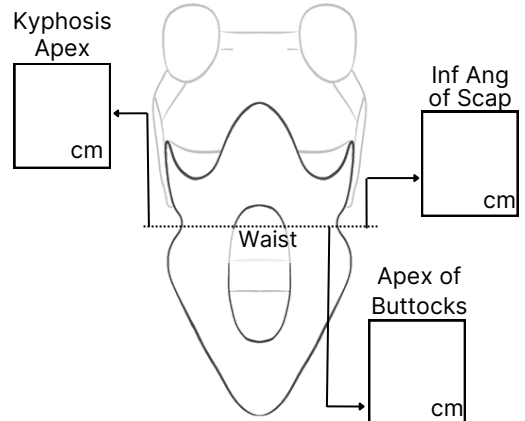
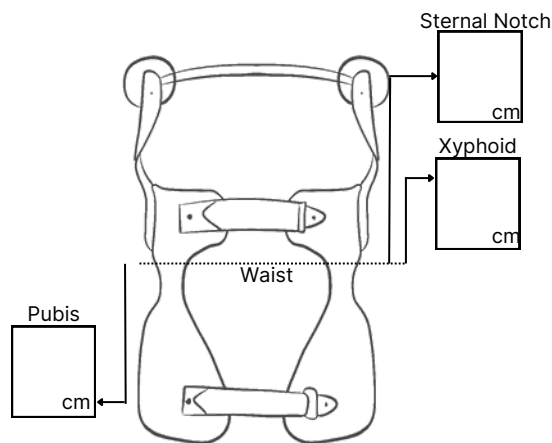
### OPSB™ Sensor

☐ Send Sensor  
☐ Sensor Hole

### Transfer

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

## Finished Heights



## Scoli Tees

☐ Single  
☐ Double

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

## Notes: