

Boston Soft Spinal Orthosis Corrective Order Form

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

Patient Name: _____ Ht: ____ft ____in Wt: ____lbs
 Age: ____ Sex: ____ Diagnosis: _____

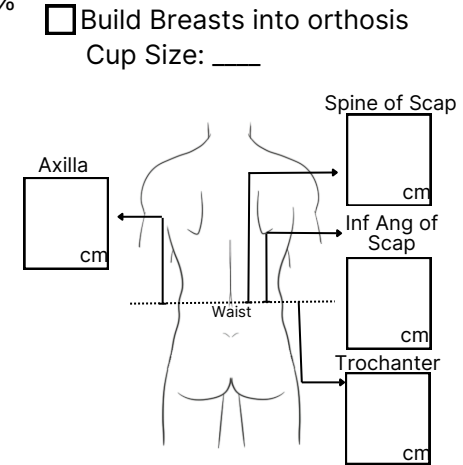
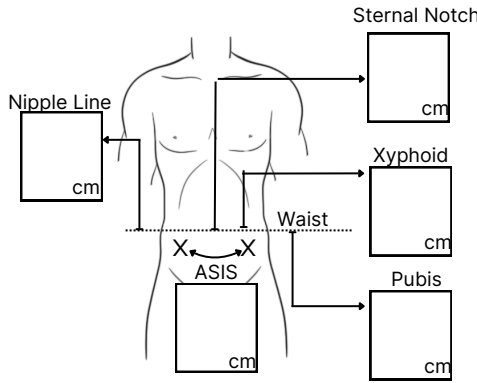
	G-Tube Relief	Baclofen Pump Relief
Waist to Device	cm	cm
Center to Device	cm	cm
PT's Side	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
	<input type="checkbox"/> Cut Out	<input type="checkbox"/> Right

Anatomical Measurements

	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			

Shape Capture

Scan Cast Measure Only
 3D Mods
Percent Symmetry
 As Is 25% 50% 75% 100%



Anatomical LENGTHS taken from waist

Brace Design

<u>Opening</u> <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior w/Tongue 1/8" Firm	<u>Liner</u> Inner Soft: <input type="checkbox"/> 3/16" <input type="checkbox"/> Other: _____ Outer Firm: 1/8" Foam Color: <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <small>Pink, Blue, Bright Green, Red</small>	<u>Plastic</u> <input type="checkbox"/> 1/8" Copoly <input type="checkbox"/> Other: _____ <u>Transfer</u> 1st _____ 2nd _____	<u>Abdominal Shape</u> <input type="checkbox"/> Neutral <input type="checkbox"/> Other: _____ <u>Lordosis</u> <input type="checkbox"/> 25 degrees <input type="checkbox"/> Match scan/cast <input type="checkbox"/> Other: _____	<u>Abdominal Window</u> <input type="checkbox"/> Foam and plastic <input type="checkbox"/> Plastic only <u>Kyphosis</u> <input type="checkbox"/> 25 degrees <input type="checkbox"/> Match scan/cast <input type="checkbox"/> Other: _____	<u>Window Type</u> <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Symmetrical <u>Boston Sensor</u> <input type="checkbox"/> Send Sensor <input type="checkbox"/> Sensor Hole	<u>Straps</u> <input type="checkbox"/> White <input type="checkbox"/> Black
--	--	--	--	--	---	---

Finished Thoracic Window

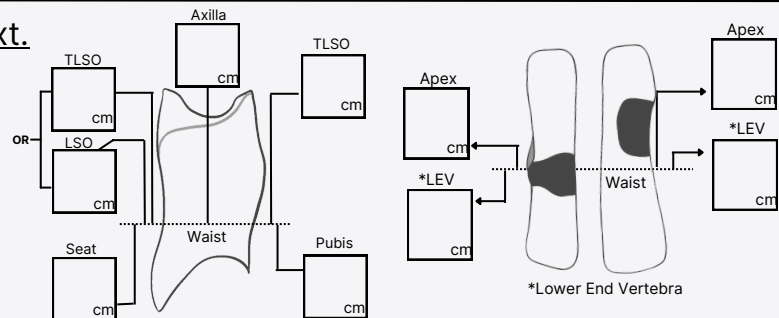
Yes Plastic only
 No Foam and plastic

Troch Ext. Thoracic Ext.

Left Left
 Right Right
 Height: _____

Lumbar Axillary

Left Left
 Right Right



Pads

.5 Installed
 .5 Un-installed
 Unfinished

TL Ext.

Left
 Right
 Height: _____

CAD OVEN DESIGN

LAB USE ONLY	<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: