## **Boston Soft Spinal Orthosis Corrective Order Form** Date:\_\_\_\_\_ Due Date:\_\_\_\_\_ PO #:\_\_\_\_\_ Contact:\_\_\_\_\_ Ship Via:\_\_\_\_\_ Email: \_\_\_\_\_ Ship To: Account #: Phone:\_\_\_ Address: State: Zip: Previous SSO Corrective Wearer Scan Label: Citv: Ht: \_\_\_ft\_\_in Wt:\_\_\_lbs Baclofen Patient Name: G-Tube Relief Pump Relief Sex: Diagnosis: \_\_\_\_ Age: Waist to Device Shape Capture Anatomical Measurements Center to Scan Cast Measure Only All measurements are required and taken supine Device Percent Symmetry/Flexibility PT's Side Left Right Left Cir. M/L A/P ☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100% Cut Out Right **Sternal** 3D Modifications-Built in correction Notch ☐ Build Breasts into orthosis ☐ Yes ☐ No Cup Size: \* Waist to nipple line required in best seated position Sternal Notch Axilla Spine of Scap Nipple Line\* Nipple Line **Xyphoid** Inf Ang of Scap cm **Xyphoid** Waist ASIS Pubis Waist Trochanter Trochanter **Trochanter** Anatomical LENGTHS taken from waist Lordosis Abdominal Shape **Kyphosis** Window Type ☐ Other: \_\_\_\_ ☐ **25 degrees** Other: \_\_\_\_\_ ☐ 25 degrees □ Asymmetrical **Neutral** Match scan/cast ☐ Match scan/cast Symmetrical Other: \_\_\_\_ **Brace Design** <u>Opening</u> Plastic <u>Transfer</u> Liner Outer Liner 1st\_\_\_\_\_ Posterior **☐**1/8" Copoly □ 3/16" □1/8" Other: \_\_\_\_\_ Other: \_\_\_\_ Foam Color\_ Anterior w/Tongue 1/8' Firm Pink, Blue, Bright Green, Red, Black Straps Abdominal Window Thoracic Window Pads OPSB™ Sensor White .5 Installed Foam and plastic Foam and plastic Send Sensor ☐.5 Un-installed ☐ Black ☐ Plastic only Plastic only Sensor Hole Unfinished Finished Heights **CAD Design Section** Thoracic Ext. Left Lumbar Right Left \*LEV Height: \_\_\_\_\_ Right \*LEV Troch Ext. Axillary Left ☐ Left Right Right \*Lower End Vertebra **Notes:** Scoli Tees

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Single Double Qty:

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37 Shuman Ave Stoughton MA 02072 - customerservice@bostonoandp.com