Boston Soft Spinal Orthosis Postural Order Form PO #: _____ Contact: ____ Due Date: Ship Via:_____ Email: ____ Ship To: Account #: Phone:____ Address: State:_____ Zip:____ Previous SSO Postural Wearer Scan Label:__ City: G-Tube Relief Baclofen Ht: ___ft__in Wt:___lbs Patient Name: Pump Relief Sex: Diagnosis: Age: Waist to Device **Anatomical Measurements** Shape Capture Center to Cir. M/L Scan Cast Measure Only Device PT's Side Left Right Left Percent Symmetry ☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100% Cut Out Right Axilla Sternal Notch Build Breasts into orthosis Nipple Line Cup Size: ____ Spine of Scap Sternal Notch **Xyphoid** Axilla Nipple Line **Lower Rib** Inf Ang of Scap **Xyphoid** cm Waist cm ASIS Trochanter Pubis Anatomical LENGTHS taken from waist Plastic Design <u>Abdominal</u> Straps Liner Abdominal Frame White Copoly: 1/8" Window Inner Soft: Shape Stays: MPE: 1/8" Plastic only Black Neutral □3/16" Permanent Foam and plastic Other: ____ Other: ____ Other: ___ Removable Outer Firm: Transfer Finished 1/8" white Send Sensor ☐ Yes Foam Color: No Sensor Hole 2nd Firm <u>Kyphosis</u> Troch Ext. Lordosis 25 degrees Left 25 degrees ☐ Match scan/cast ☐ Right Match scan/cast Other: ____ Other: ____ Pubis LAB USE ONLY Scoli Tees Notes: OVEN DESIGN CAD Single