






















Boston Soft Spinal Orthosis Postural Order Form

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

Patient Name: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

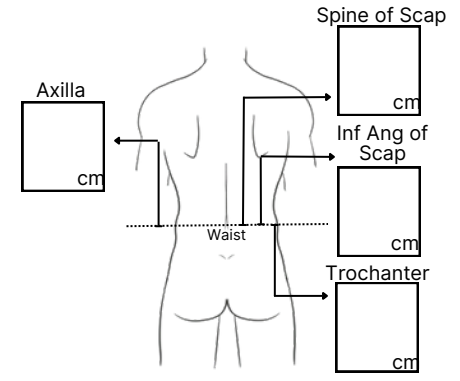
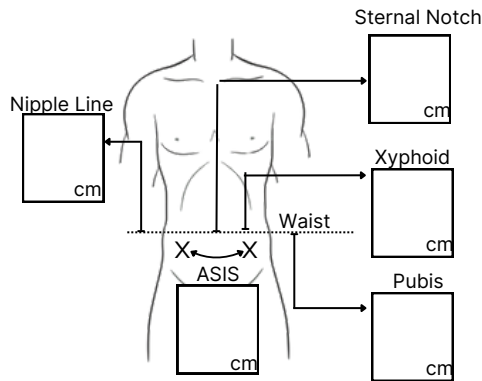
Anatomical Measurements

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

Sternal Notch
Pubis

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only
Percent Symmetry
☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%



Anatomical LENGTHS taken from waist

	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"/> Cut Out	<input type="checkbox"/> Left <input type="checkbox"/> Right

☐ Build Breasts into orthosis
 Cup Size: _____

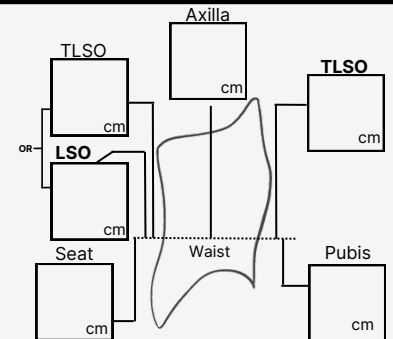
Brace Design

<u>Opening</u>	<u>Liner</u>	<u>Plastic</u>	<u>Design</u>	<u>Abdominal</u>	<u>Abdominal</u>	<u>Straps</u>
<input type="checkbox"/> Posterior	Inner Soft:	<input type="checkbox"/> Copoly: 1/8"	<input type="checkbox"/> Frame	<u>Shape</u>	<u>Window</u>	<input type="checkbox"/> White
<input type="checkbox"/> Anterior	<input type="checkbox"/> 3/16"	<input type="checkbox"/> MPE: 1/8"	Stays:	<input type="checkbox"/> Neutral	<input type="checkbox"/> Plastic only	<input type="checkbox"/> Black
<input type="checkbox"/> Bivalve	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Permanent	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Foam and plastic	
<input type="checkbox"/> Smooth overlap	Outer Firm:		<input type="checkbox"/> Removable			
<input type="checkbox"/> Butting overlap	<input type="checkbox"/> 1/8" white		<u>Transfer</u>			
<input type="checkbox"/> Tongue: 1/8'	Foam Color: _____		1st _____			
Firm	Pink, Red, Blue, Bright Green		2nd _____			
					<u>Finished</u>	<u>OPSB™ Sensor</u>
					<input type="checkbox"/> Yes	<input type="checkbox"/> Send Sensor
					<input type="checkbox"/> No	<input type="checkbox"/> Sensor Hole

CAD Design Section

(Optional)

<u>Lordosis</u>	<u>Kyphosis</u>	<u>Troch Ext.</u>
<input type="checkbox"/> 25 degrees	<input type="checkbox"/> 25 degrees	<input type="checkbox"/> Left
<input type="checkbox"/> Match scan/cast	<input type="checkbox"/> Match scan/cast	<input type="checkbox"/> Right
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	



Scoli Tees

☐ Single
☐ Double

Qty: _____

Notes: