BOB MEASUREMENT FORM

Print Form

Date: _____ Due Date: _____ Contact _____

Ship To: _____ Account: _____ E-mail _____

Address: _____ PO#: _____ Phone: _____

City: _____ State _____ Zip _____ Ship Via: _____ Fax: _____

PATIENT INFORMATION

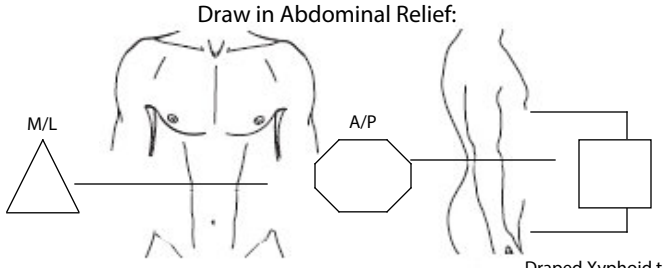
Patient Name: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____

Diagnosis: _____

Previous wearer? ☐ Yes ☐ No

Draw in Abdominal Relief:



ORTHOSIS INFORMATION

Finished? ☐ Yes ☐ No

Measurement: ☐ Cast ☐ Scan ☐ Measure ONLY

Scan Label: _____

Modifications: ☐ As-Is ☐ 50% ☐ Full Symmetry

Abdomen Relief: ☐ None ☐ XS ☐ S ☐ M ☐ L ☐ XL

☐ Separate Straps

☐ BOB Front

Design: ☐ Standard

15 degrees lordosis
1/8" Low Density Polyethelyne
Unlined
10 degree abdominal compression

Lordosis: _____

Material: _____

Liner: _____

Hip Spica Additions

Side: ☐ Left ☐ Right Joint Type: ☐ Drop Lock ☐ B3- ROM

Cuffs: ☐ Detatched ☐ Integrated - Flexion: _____ o Abduction: _____ o

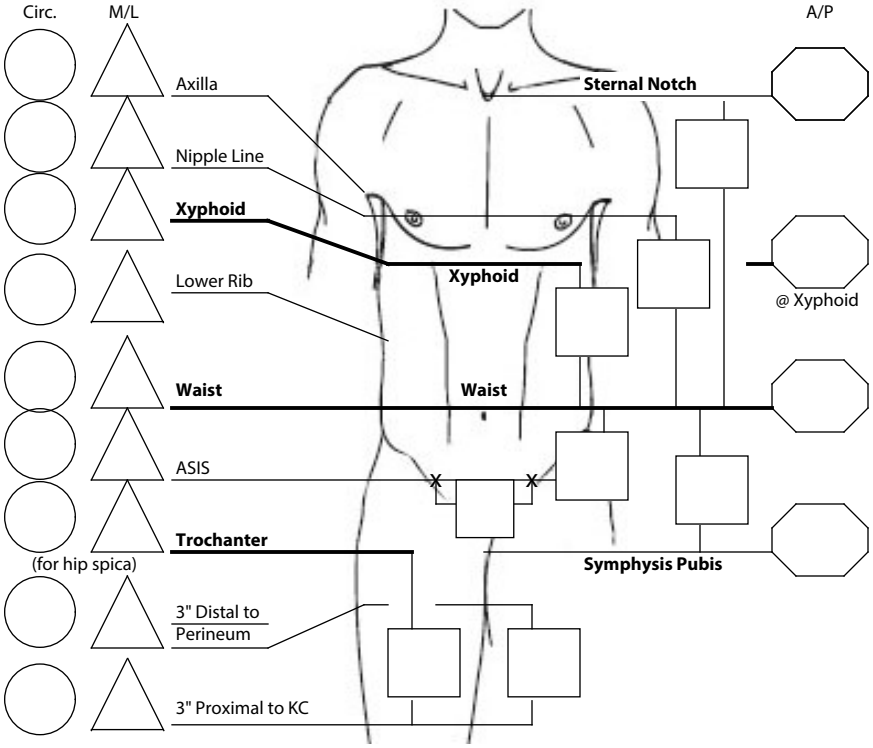
Special Instructions or comments:

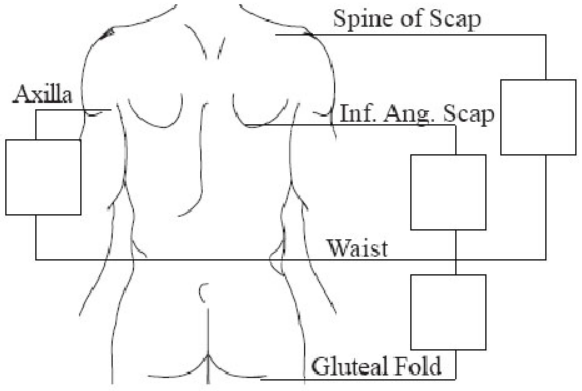
_____

_____

MEASUREMENTS

Measurements taken: ☐ Standing ☐ Supine





Finished Measurements (LSO)

Pubis	_____	Xyphoid	_____
Axilla	_____	Seat	_____
Inf. Angle Scap	_____	Mid Scapula	_____

☐ Finished Heights ☐ Standard Reduction

37 Shuman Ave Stoughton, MA 02072

Email: customerservice@bostonoandp.com