

BOSTON BODY JACKET ORDER FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Email: _____

Patient Information

Patient Name: _____
 Age: _____ Sex: ☐ Male ☐ Female Ht: _____ Wt: _____
 Diagnosis: _____

Previous wearer? ☐ Yes ☐ No

Orthosis Information

Finished? ☐ Yes ☐ No
 Measurement: ☐ Cast ☐ Scan ☐ Measure ONLY

Scan Label: _____

Color/transfer: _____ ☐ Transfer on straps

Modifications: ☐ As-is ☐ 50% ☐ Full symmetry

Lordosis: ☐ As-is ☐ 15° ☐ Other: _____

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

☐ Build breast into Orthosis Cup size: _____

☐ Integrated Cuffs Degree Flexion: _____ Joint Type: _____

☐ Detached cuffs Degree Abduction: _____ Joint Size: _____

☐ LEFT ☐ RIGHT

Measurements

"Anatomical LENGTHS taken from waist"

Circ. M/L

Axilla

Nipple Line

Xyphoid

Lower Rib

Waist

ASIS

Trochanter

3" distal to Perineum

3" Proximal to KC

Sternal Notch

Xyphoid

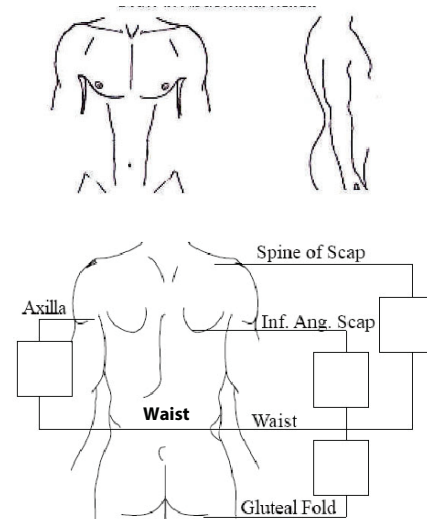
Waist

ASIS

Symphysis Pubis

A/P

Draw in Abdominal Relief:



Finished Measurements ☐ TLSO ☐ LSO

Pubis _____ Xyphoid _____
 Axilla _____ Sternal Notch _____
 Inf. Angle Scap _____ Seat _____
 Spine of Scap _____ Mid Scapula _____