Boston Nightshift Brace Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Nightshift Wearer Scan Label:_____

Patient Name:_____ Ht: ____ft____in Wt:_____lbs

Age:_____ Sex:_____ Diagnosis:_____

**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

Anatomical Measurements

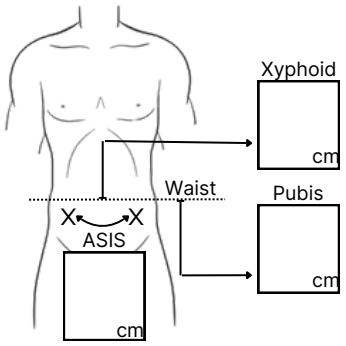
All measurements required in standing

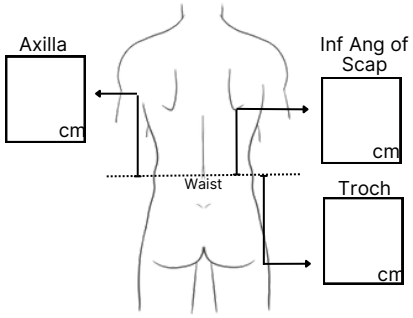
	Cir.	M/L	A/P
Axilla	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Measure Only ☐ Cast





Anatomical LENGTHS taken from waist

Brace Design

Abdominal Shape
☐ **Neutral**
☐ Other: _____

Plastic
☐ **1/8" Copoly**
☐ Other: _____

Straps
☐ **White**
☐ Black

Liner
☐ **1/4" Aliplast**
☐ Other: _____

Lordosis
☐ **15 degrees**
☐ Other: _____

Transfer
1st_____
2nd_____

Tongue 1/16" PE
☐ Attached
☐ Send ☐ None

OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section (Optional)

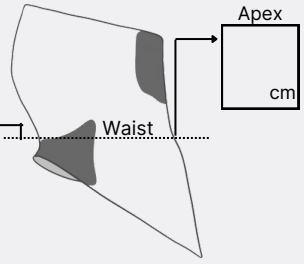
Lumbar
☐ Left ☐ Right
Push: ____
Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

Thoracolumbar (Apex T12- L1)
☐ Left ☐ Right
Push: ____
Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

Thoracic Extension
☐ Left ☐ Right
Push: ____
Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

Axilla
☐ Left ☐ Right
Apex ____ cm

Trochanter
☐ Left ☐ Right
Pad: ☐ 1/4"



Scoli Tees

☐ Single
☐ Double
Qty: _____

Finished Heights

*from waist

Xyphoid: _____ cm Axilla: _____ cm

Thoracic Ext: _____ cm Trochanter: _____ cm

☐ Customer Trim ☐ **Technician Trim**

Notes:

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