




























Boston Body Jacket Order Form

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

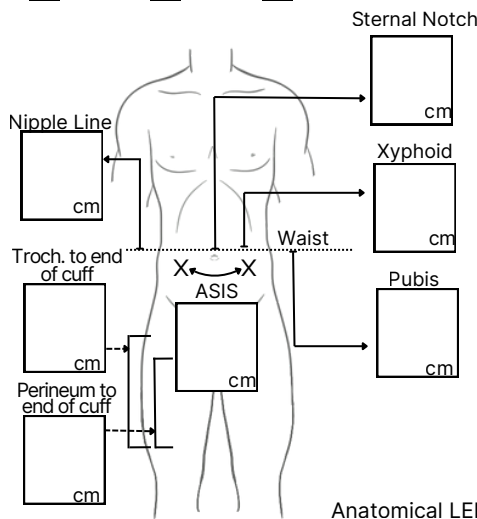
Patient Name: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

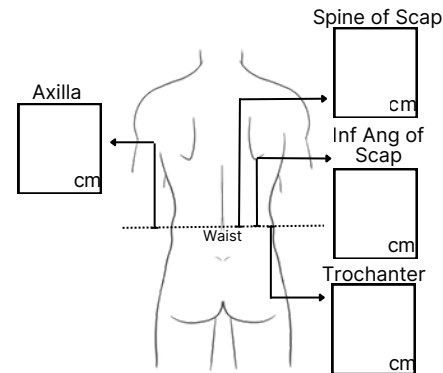
	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			
3" Distal to Perineum			
3" Proximal to Knee Center			

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



	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



Anatomical LENGTHS taken from waist

Cuffs

☐ Left ☐ Right
☐ Detached
 Flexion Degree _____
 Abduction Degree _____
 Joint Type _____
 Adduction Degree _____

☐ Build Breasts into orthosis
 Cup Size: _____*

* Waist to nipple line required in best seated position

Guard

☐ Kidney ☐ Spleen
☐ Left ☐ Right

CAD Design Section

Lordosis

☐ 25 degrees
☐ Match scan/cast
☐ Other: _____

Kyphosis

☐ 25 degrees
☐ Match scan/cast
☐ Other: _____

Troch Ext.

☐ Left
☐ Right

Abdominal

Relief
☐ Neutral
☐ Other: _____

Options

☐ Wide Tongue
☐ Shoulder Straps
☐ Buckles Posterior
☐ Adjustable Length Straps
☐ Extended Buckles

Brace Design

Finished

☐ Yes
☐ No

Opening

☐ Posterior
☐ Anterior
☐ Bivalve
☐ Left Lateral
☐ Right Lateral

Overlaps

☐ Smooth overlap
☐ Butting overlap
☐ Tongue: 1/8" Firm

Plastic

☐ LDPE 5/32"
☐ Other

Inner Liner

☐ Aiplast 3/16"
☐ Aiplast 1/8"
☐ Aiplast 1/4"

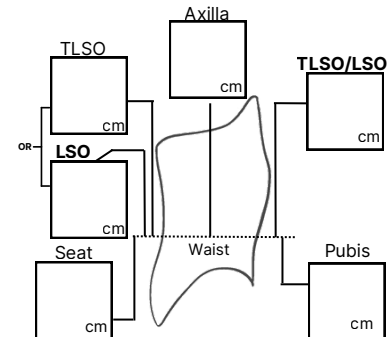
Straps

☐ White
☐ Black

Transfer

1st _____
 2nd _____

Finished Trimlines



Scoli Tees

☐ Single
☐ Double Qty: _____

Notes: