

Boston Body Jacket Order Form

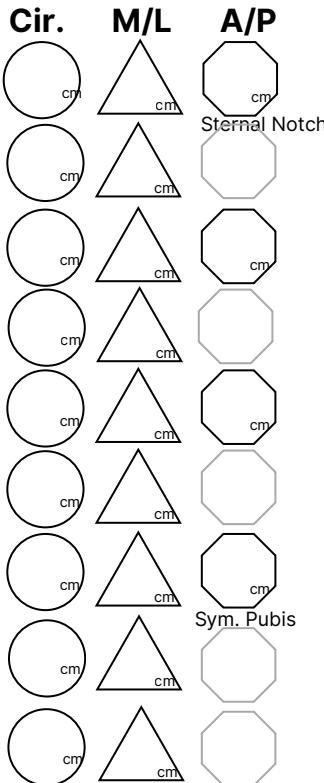
Date: _____ Due Date: _____
 Ship To: _____
 Address: _____
 City: _____ State: _____ Zip: _____

PO #: _____
 Ship Via: _____
 Account #: _____
 Previous SSO Postural Wearer

Contact: _____
 Email: _____
 Phone: _____
 Scan Label: _____

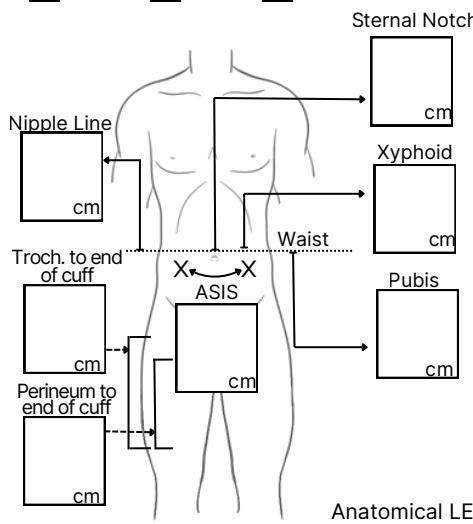
Patient Name: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements



Shape Capture

Scan Cast Measure Only



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

Options

Wide Tongue
 Shoulder Straps
 Buckles Posterior
 Adjustable Length Straps
 Extended Buckles

CAD Design Section

Lordosis 25 degrees Kyphosis 25 degrees
 Match scan/cast Other: _____

Troch Ext. Left Right

Abdominal Neutral Other: _____

Smooth overlap
 Butting overlap
 Tongue: 1/8" Firm

Inner Liner
 Aliplast 3/16" Aliplast 1/8" Aliplast 1/4"

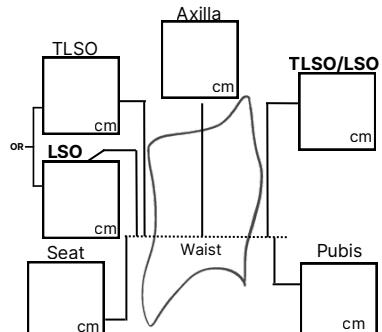
Straps
 White Black

Bivalve
 Left Lateral
 Right Lateral

Overlaps
 Plastic
 LDPE 5/32" Other

Transfer
 1st _____
 2nd _____

Finished Trimlines



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

Scoli Tees
 Single
 Double Qty: _____

Notes: