Boston Overlap Brace Order Form

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

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

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

☐ Use for reference only

Patient ID:_____ Ht:____ft____in Wt:_____lbs

Age:_____ Sex:_____ Diagnosis:_____

Measurements taken:

☐ Standing ☐ Supine

☐ Standard Reduction

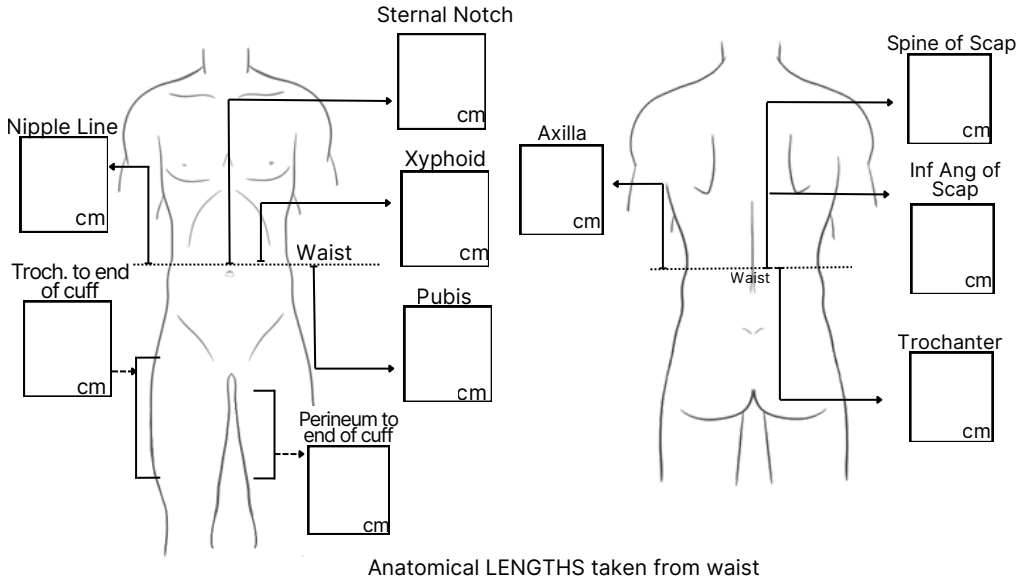
Anatomical Measurements

Shape Capture

☐ Measure Only* ☐ Cast ☐ Scan

All measurements required

	Cir.	M/L	A/P
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
ASIS	cm	cm	cm
Trochanter	cm	cm	cm
3" Distal to Perineum	cm	cm	Sym. Pubis
3" Proximal to Knee Center	cm	cm	



Anatomical LENGTHS taken from waist

Brace Modifications

Abdominal Shape

☐ **10° Abd. Compression**

☐ Neutral

☐ Refer to measurements

Lordosis

☐ **15 degrees**

☐ 0 degree

☐ Other: ____

Closure

☐ **BOB Front**

☐ Separate Straps

Brace Design

Liner

☐ **Unlined**

☐ 1/8"

☐ 3/16"

☐ 1/4"

Plastic

☐ **1/8" Polyethylene**

☐ 5/32" Polyethylene

☐ Other: _____

Hip Spica Additions

Side: ☐ Left ☐ Right

Joint Type: ☐ Drop Lock ☐ B3-ROM

Cuffs: ☐ Detached ☐ Flexion: _____° ☐ Abduction: _____°

Scoli Tees

☐ Single

☐ Double

Qty:_____

Finished Heights

Xyphoid:_____cm Axilla:_____cm

Inf Ang Scap:_____cm Mid Scap:_____cm

Pubis:_____cm Gluteal Fold:_____cm

Finish ☐ **Yes** ☐ OPSB Trim

☐ No ☐ Customer Trim

Notes:

Boston Brace International, Inc. ("Boston O&P") is a company that is part of the OP Specialty Bracing division

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