

# BOSTON BRACE ORIGINAL ORDER FORM

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

Patient Name: \_\_\_\_\_ **Impression**  
 Scan Standing  Cast  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  
 Measure only  
 Previous Wearer:  Yes  No

**Measurements (cm)**

Circ. M/L A/P

Axilla

Sternal Notch

Nipple Line

\*Xyphoid

Lower Rib

\*Waist

ASIS

Trochanter

\*Pubis

Symphysis Pubis

Scan Label: \_\_\_\_\_

**Scoli T's** (Customer Service will determine the right size for your patient based off the measurements provided)

White  Single  
 Silver  Double

Quantity: \_\_\_\_\_

**Lordosis**  
 Match scan/cast  
 15°  
 Other: \_\_\_\_\_

**Abdominal Shape**  
 Neutral  
 10° from neutral  
 10° from Pt. presentation  
 Other: \_\_\_\_\_

**Abdominal Relief\***  
 S  M  
 L  XL  
 \*if relief is required, please include A/P measures at xyphoid, waist and pubis

**Lumbar Relief**  
 Left  Right

**Liner**  
 3/16" alipast  Unlined  
 Other: \_\_\_\_\_

**Plastic**  
 Copoly sized to model  
 Other: \_\_\_\_\_

**Lumbar Reinforcement**  
 Left  Right

**Transfer**  
 Brace: \_\_\_\_\_

**Brace Design (Optional)**

Prokyphotic Extension:  Left  Right

Axilla:  Left  Right

Thoracic Extension:  Left  Right

Thoracic Pad:  Left  Right

Thoracic Window:  Left  Right

Gusset:  Left  Right

Lumbar Pad:  Left  Right

Trochanter Extension:  Left  Right

Trochanter Pad:  Left  Right

**Finished:**  Yes  No  Finish to tech discretion  
 (If yes, please provide X-ray and complete all fields in **BOLD**)

**Finish Heights (from waist)**

Sternal Notch: \_\_\_\_\_ Spine of Scap: \_\_\_\_\_

Xyphoid: \_\_\_\_\_ Axilla: \_\_\_\_\_

Pubis: \_\_\_\_\_ Inf Angle Scap: \_\_\_\_\_

Seat: \_\_\_\_\_

Straps:  White  Black

Pads:  Yes  No  Send

Gusset:  Yes  No  Send

**Boston Sensor**

Send Sensor  Yes  No

Hole Size For:  Boston Sensor  
 iButton

**Notes:**  No hole

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