Boston Baby Brace Order Form

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

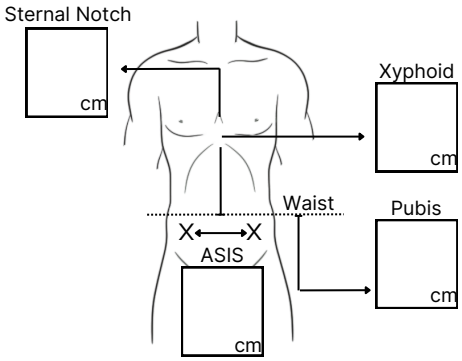
Patient Name:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

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

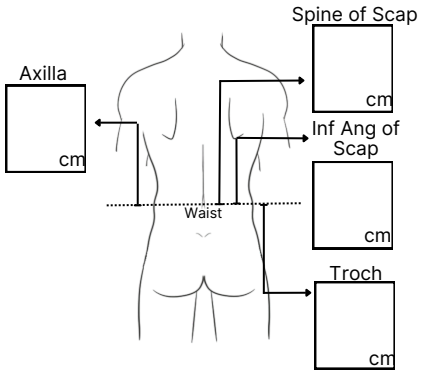
Anatomical Measurements *All measurements required

Shape Capture
☐ Scan ☐ Cast

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



☐ ASIS Anterior lateral relief



Brace Design

Liner
☐ **3/16" Aliplast**
☐ Other:_____

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

Straps
☐ **White**
☐ Black

Pads
☐ **.5" Installed**
☐ .5" Un-Installed
☐ Unfinished Pads

☐ 1/8" Aliplast Abdominal Cover

Transfer
1st_____
2nd_____

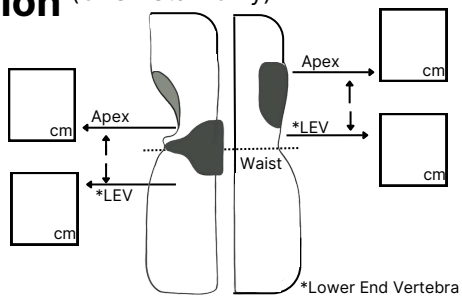
Boston Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section (OPSB Staff Only)

Lumbar/TL
☐ Left ☐ Right

☐ TL Extension
Height_____cm



Thoracic Extension
☐ Left ☐ Right
Height_____cm

Axillary Extension
☐ Left ☐ Right

LAB USE ONLY

CAD	OVEN	DESIGN
FINISH	PADS	QC

Finished Heights *from waist

Sternal Notch:____cm Spine of Scap:____cm
Pubis:____cm Axilla:____cm
Trochanter:____cm
(Bilateral trochs are standard)

Scoli Tees
☐ White ☐ Single ☐ Double Qty:_____

Notes: