

# Boston Brace Nightshift Order Form

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ PO #: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  Previous Nightshift Wearer Scan Label: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ht: \_\_\_\_\_ft\_\_\_\_in Wt: \_\_\_\_\_lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_










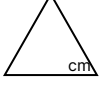

**Required	Lumbar/TL	Thoracic
Convexity	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Apical Vertebra		
Cobb Angle		
Scolimeter Reading		

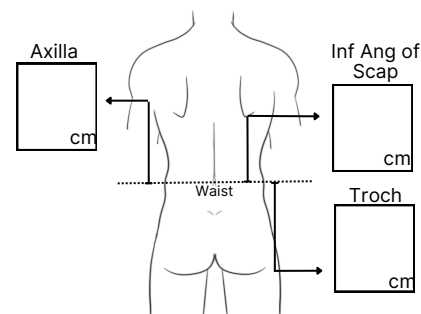
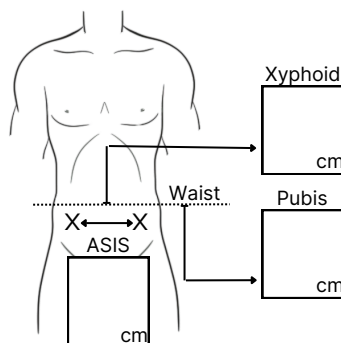
## Anatomical Measurements

All measurements required in standing

## Shape Capture

Scan  Measure Only  Cast

	Cir.	M/L	A/P
<b>Axilla</b>			
<b>Xyphoid</b>			
<b>Waist</b>			
<b>Trochanter</b>			



ASIS Anterior lateral relief

## Brace Design

### Abdominal Shape

Neutral  
 Other: \_\_\_\_\_

### Plastic

1/8" Copoly  
 Other: \_\_\_\_\_

### Straps

White  
 Black

### Liner

1/4" Aliplast  
 Other: \_\_\_\_\_

### Lordosis

15 degrees  
 Other: \_\_\_\_\_

### Transfer

1st \_\_\_\_\_  
 2nd \_\_\_\_\_

### Tongue 1/16" PE

Attached  
 Send

## Boston Sensor

Send Sensor  
 Sensor Hole

## CAD Design Section (Optional)

Apex T12-L1

### Lumbar

Left  Right

Push:

Shift:

### Thoracolumbar

Left  Right

Push:

Shift:

### Thoracic Extension

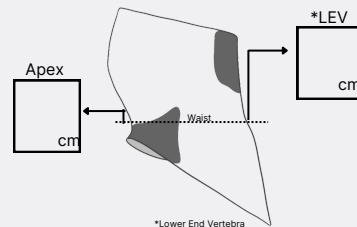
Left  Right

Push:

Shift:

### Axilla

Left  Right



### Trochanter

Left  Right

Pad:  1/4"

Pad:  1/2"  1/4"

Sym

Pad:  1/2"  1/4"

Pad:  1/2"  1/4"

Sym

### LAB USE ONLY

CAD  OVEN  DESIGN

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FINISH  PADS  QC

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Finished Heights \*from waist

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

Thoracic Ext: \_\_\_\_\_cm Trochanter: \_\_\_\_\_cm

## Notes:

### Scoli Tees

Single  Double Qty: \_\_\_\_\_