



Boston Band Order Form Instructions

Patient and Order Information Section

Fill in the demographics section as you would with any order form. Include the EMR number of the patient in the “Patient ID” section. A PDF of the order form will be sent to the “Confirmation Email”. Scan label format is first initial, last name, number of scan, practitioner initials, CRO (ie: patient Bob Smith: bsmith#1ssCRO). The fit date should be approximately two weeks from the scan date. Click on the “Upload” button to add your scan file (FSN, RSN, MED, AOP, STL) to the order form.

****Reminder: User marks are required on the scan denoting the nasal suture and void location****



Boston O&P Custom Boston Band Order Form

Patient Information

Patient Name *

Patient ID # Date of Birth *

Diagnosis *

Mold Type * Date of Scan/Mold *

Scan Image 11/30/2020

Scan, pictures, or other images *

or drag files here.

Order Information

Order Date * 11/30/2020 Due Date (2 business days prior to fit date) *

Contact * Confirmation Email *

Ship to Clinic *

For external customers only, for “Ship to Clinic”, please select “External Customer”. This will populate additional fields as seen below. Please fill out all required fields and add any other information as needed

Ship to Clinic *	Customer ID	Phone Number
<input type="text" value="External Customer"/>	<input type="text"/>	<input type="text"/>
Address: *		
<input type="text"/>		
City: *	State: *	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code: *		
<input type="text"/>		
Shipping Method *	Purchase Order #	
<input type="text" value="UPS Ground"/>	<input type="text"/>	

Patient Presentation and Mold Modifications Section

Fill in the measurement boxes with your hand measurements, to be compared against the scan measurements. For external customers, if your circumference is more than 10 mm larger than the scan, or if it is at all smaller, then Customer Service will contact you. For internal clinicians, if your circumference is more than 6 mm larger than the scan, or if it is at all smaller, then Customer Service will contact you.

Check the appropriate boxes to indicate where any flattening is located. Please note if there is an ear shift present (If the ear shift is present on the opposite side of the flattening, then that is an indication for Craniosynostosis).

Filling in cranial vaulting is important for the new Boston Band design that looks to treat any substantial vaulting (asymmetrical cranial height), but it is NOT a required field. The vaulted quadrants will be contacted, while the lower quadrants will be left open. Please contact customer service if you would like more information on this feature, and additional training can be provided

Once you choose where the flattening is located, additional boxes will appear to request build-ups. Take into account how much space is needed to reduce the asymmetry to normative ranges when determining the magnitude (Reference CAD Standard Modifications document). For posterior build-up, you can choose between 0-10 mm, half symmetry, or full symmetry. For anterior build-up, you can choose between 0-5 mm, half symmetry, or full symmetry.

Update screen grab once form is updated

Orthosis Design Section

The order of information coincides with the flow of the manufacturing process. All standard options will be auto-populated, but you can change any of those as needed.

The standard material is Aliplast, and the standard layer configuration is 2 x 1/8" layers and 3 x 3/16" layers. The hinge is not a standard feature, so you must check the box if you want a hinge. There is also no standard for the transfer, so if one was chosen, it needs to be chosen from the drop-down list. The standard for the side opening is the side opposite the posterior flattening. For a straight brachycephalic patient, a left-side opening will be the standard.

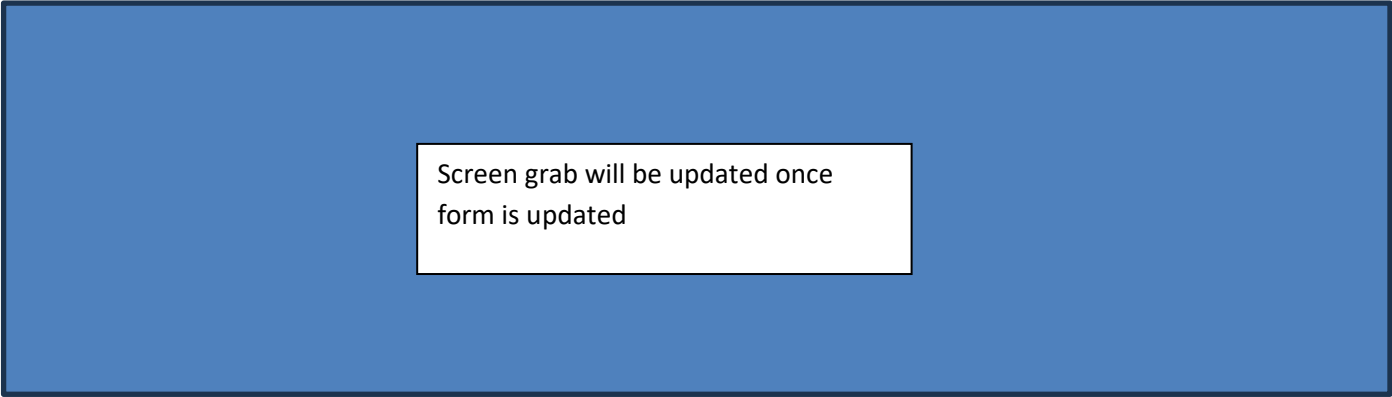
The first choice for finishing is described in the Boston Band Finish Standards document. This includes a finished occipital roll and superior opening, and semi-finished face-box and ear cut-outs. The cheek tab width standard is 1 1/2" (+/- 1/8" error tolerance). If there is a patient with significant ear shift, you can ask for a wider cheek tab on the side of the ear shift.

The foam void cut-out is standard, and ventilation holes will be drilled. The void will not be skived, allowing the practitioner to expand it as needed. The scan must be marked to have the void cut.

The standard dictates that the strap is attached to two self-adhesive pile circles.

The standard is in place to help save time, both for practitioners in clinic and technicians in fabrication. You will still have the ability to request a different finish for the Boston Band by checking off "Per Customer Notes", if necessary. We encourage everyone to use the standard and provide feedback regarding your experience.

Anything not covered in any of the populated fields can be added in the "Notes" section.



Screen grab will be updated once
form is updated

At any point, you can scroll to the bottom of the form and click “save” to have the form emailed to you to be completed at a later time. However, please note that nothing will be sent to customer service until you click “Place my order”. If you click on “Place my order” without filling out all required fields, any missed fields will be highlighted to be filled out prior to the order being submitted.