

Boston 3D Brace Order Form

Date: _____ Due Date: _____ PO #: _____ Contact: _____
 Ship To: _____ Ship Via: _____ Email: _____
 Address: _____ Account #: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Previous 3D Wearer Scan Label: _____

Patient ID: _____ Ht: ___ft___in Wt: ___lbs
 Age: _____ Sex: _____ Diagnosis: _____

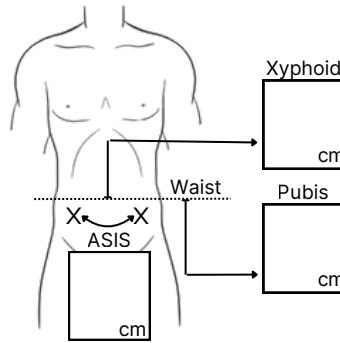
**Required	Lumbar/TL	Thoracic
Convexity	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

Anatomical Measurements

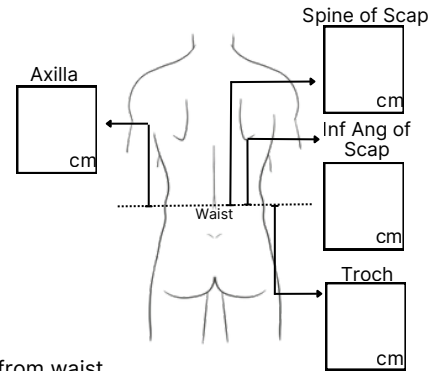
*All measurements required for BIVALVE SCANS

	Cir.	M/L	A/P
Axilla			
Xyphoid			
Waist			
Trochanter			

ASIS Anterior lateral relief



Anatomical LENGTHS taken from waist



Brace Design

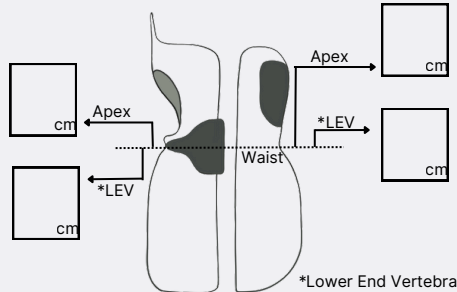
<u>Opening</u> <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior * w/tongue	<u>Liner</u> <input type="checkbox"/> 3/16" Aliplast <input type="checkbox"/> Unlined <input type="checkbox"/> 1/8" Partial Liner	<u>Plastic</u> <input type="checkbox"/> 5/32" Copoly <input type="checkbox"/> 1/8" Copoly <small>Anterior Opening Std.</small> <input type="checkbox"/> Other: _____	<u>Straps</u> <input type="checkbox"/> White <input type="checkbox"/> Black	<u>Pads</u> <input type="checkbox"/> .5" Installed <input type="checkbox"/> .5" Un-Installed <input type="checkbox"/> Unfinished Pads
<u>Lumbar Reinforcement</u> <input type="checkbox"/> Left <input type="checkbox"/> Right	<u>Transfer</u> 1st _____ 2nd _____ <small>Stock Transfers Only @ OPSB.com/customize-your-orthosis</small>	<input type="checkbox"/> Gusset		

OPSB™ Sensor

Send Sensor
 Sensor Hole

CAD Design Section

Lumbar/TL
 Left Right
 Pad Only
 TL Extension
 Height _____ cm



Thoracic Extension
 Left Right
 Height _____ cm
 4-5 Pad
 TL Window

Axillary Modifications
 Left Right
 Outset Axilla : _____ mm
 Inset Axilla : _____ mm
 Posterior Extension

Scoli Tees

Single
 Double
 Qty: _____

Finished Heights *from waist

Xyphoid: _____ cm Axilla: _____ cm
 Pubis: _____ cm Inf Ang Scap: _____ cm
 OPSB Trim Trochanter: _____ cm
 Customer Trim Left Right

Notes: