

# 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 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		

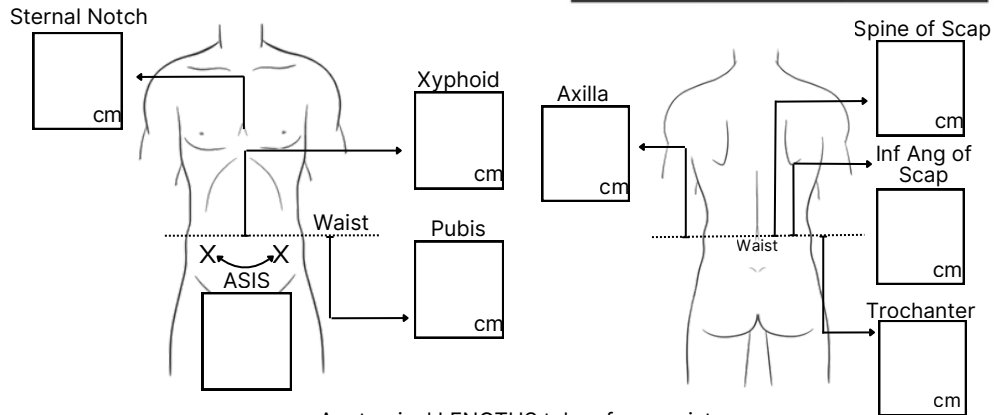
## Anatomical Measurements

All measurements required

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

## Shape Capture

Scan  Cast



Anatomical LENGTHS taken from waist

ASIS Anterior lateral relief

## Brace Design

<u>Liner</u>	<u>Plastic</u>	<u>Transfer</u>	<u>Straps</u>	<u>Pads</u>
<input type="checkbox"/> 3/16" Aiplast	<input type="checkbox"/> 1/8" Copoly	1st _____	<input type="checkbox"/> White	<input type="checkbox"/> .5" Installed
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	2nd _____	<input type="checkbox"/> Black	<input type="checkbox"/> .5" Un-Installed
		Stock Transfers Only @	<input type="checkbox"/> Unfinished Pads	
		OPSB.com/customize-your-orthosis		

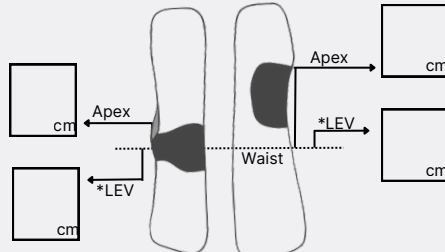
## OPSB™ Sensor

Send Sensor  
 Sensor Hole

## CAD Design Section

### Lumbar/TL

Left  Right



\*Lower End Vertebra

### Thoracic Extension

Left  Right

Height \_\_\_\_\_ cm

### Axillary Modifications

Left  Right

## Scoli Tees

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

## Finished Heights

(from waist)

Sternal Notch \_\_\_\_\_ cm Spine of Scap \_\_\_\_\_ cm  
 Pubis: \_\_\_\_\_ cm Axilla \_\_\_\_\_ cm  
 OPSB Trim Trochanter: \_\_\_\_\_ cm  
 Customer Trim (Bilateral trochs are standard)

## Notes: