

Boston Body Jacket Order Form

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

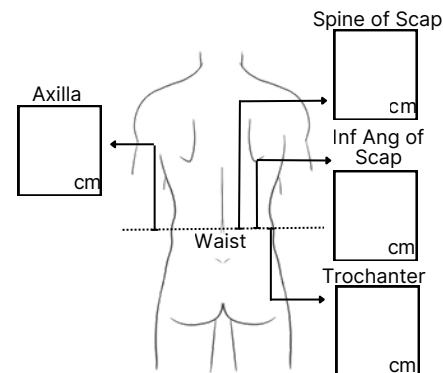
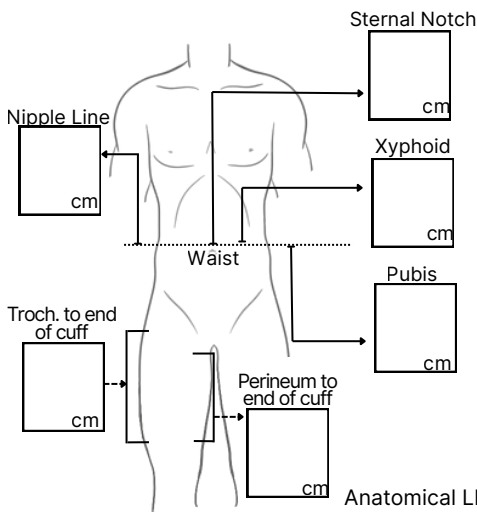
Patient ID: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Waist			
ASIS			
Trochanter			
3" Distal to Perineum			
3" Proximal to Knee Center			

Shape Capture

Scan Cast Measure Only
**All measurements required*



Anatomical LENGTHS taken from waist

	G-Tube Relief	Baclofen Pump Relief
Waist to Device	_____ cm	_____ cm
Center to Device	_____ cm	_____ cm
PT's Side	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
	<input type="checkbox"/> Cut Out	<input type="checkbox"/> Right

Cuffs

Left Right
 Detached Integrated
 Flexion Degree _____
 Abduction Degree _____
 Joint Type _____
 Drop Lock B3

Build Breasts into orthosis
 Cup Size: _____*

** Waist to nipple line required in best seated position*

Guard

Kidney Spleen
 Left Opening Right Opening

Brace Modifications

Percent Symmetry/Flexibility

Full Symmetry
 50% Symmetry
 As is

Lordosis

15 degrees
 Match scan/cast
 Other: _____

Abdominal Relief

Neutral
 Other: _____

Options

Wide Tongue
 Shoulder Straps
 Buckles Posterior
 Adjustable Length Straps
 Extended Buckles

Brace Design

Opening

Posterior
 Anterior
 Bivalve
 Left Lateral
 Right Lateral

Overlaps

Smooth overlap
 Butting overlap
 Tongue: 1/8" Firm

Plastic

LDPE 5/32"
 Other: _____

Inner Liner

Aiplast 3/16"
 Aiplast 1/8"
 Aiplast 1/4"
 Unlined

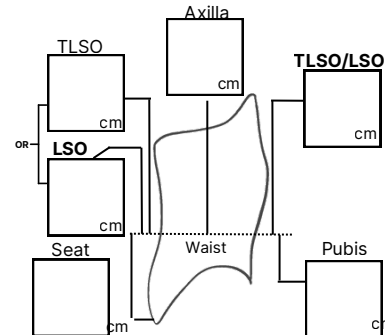
Transfer

1st _____
 2nd _____

Straps

White
 Black

Finished Trimlines



Finished

Yes OPSB Trim
 No Customer Trim

Scoli Tees

Single
 Double Qty: _____

Notes:

Stock Transfers Only @ OPSB.com/customize-your-orthosis