
















# Boston Kyphosis Order Form

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

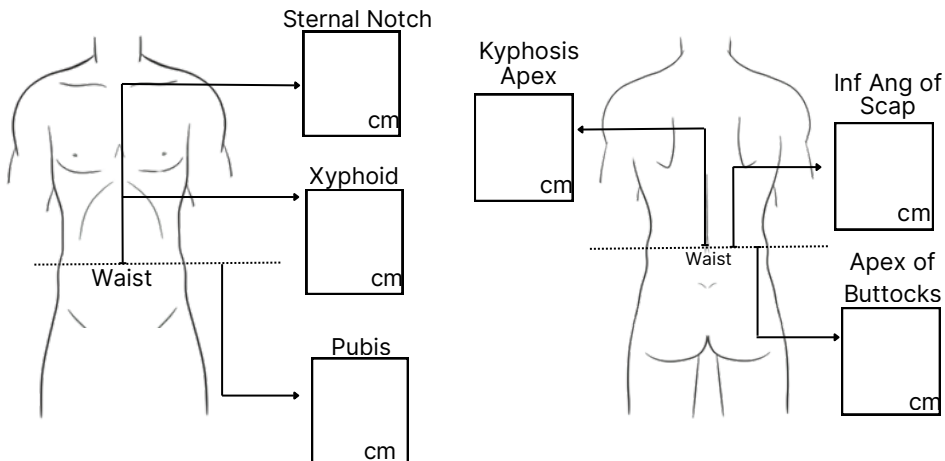
Patient ID: \_\_\_\_\_ Ht: \_\_\_ft\_\_\_in Wt: \_\_\_lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## Anatomical Measurements

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

## Shape Capture

Scan  Cast  Measure Only\*  
 \*All measurements required



Anatomical LENGTHS taken from waist

## Brace Design

### Lordosis

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

### Abdominal Shape

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

### Plastic

Copoly sized to model  
 Other: \_\_\_\_\_

### Straps

White  
 Black

### OPSB™ Sensor

Send Sensor  
 Sensor Hole

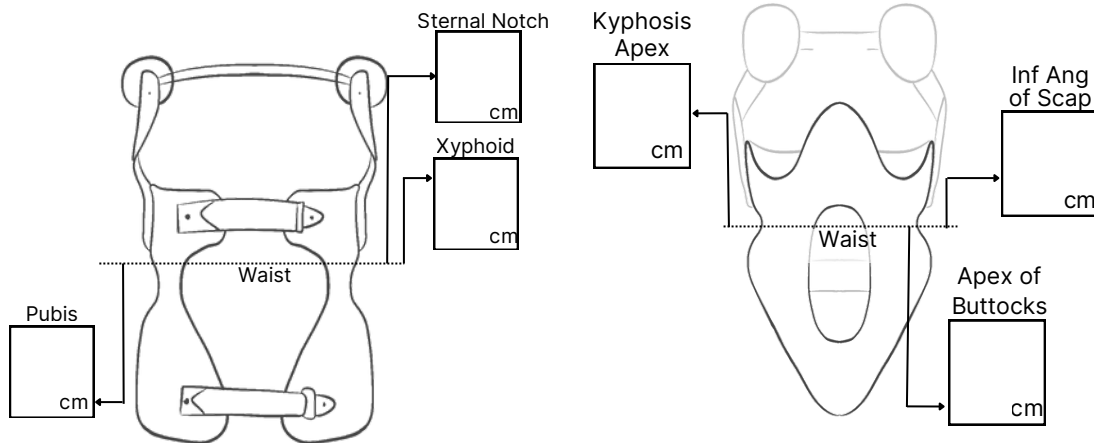
Stock Transfers Only  
 @ OPSB.com/customize-your-orthosis

### Transfer

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

## Finished Heights

OPSB Trim  
 Customer Trim



## Scoli Tees

Single  
 Double

Qty: \_\_\_\_\_

## Notes: