

Boston Brace Original Order Form

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

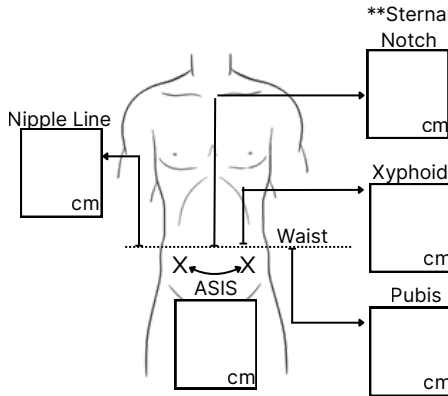
Patient ID: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

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

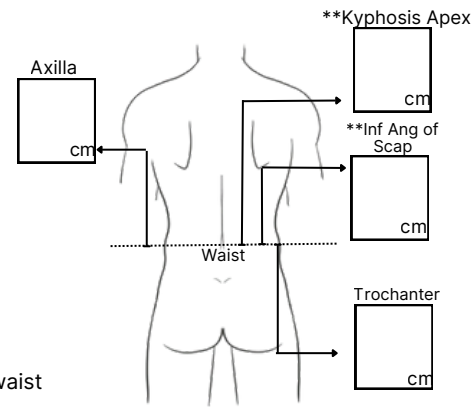
Shape Capture

Scan Cast Measure Only*
 *All measurements required



Anatomical LENGTHS taken from waist

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		



Kyphosis Options

- Sternal Bar**
 Pectoral Extensions**

**Anatomical & Finished Heights Required

Lordosis

- 15 degrees
 Match scan/cast
 Other: _____

Abdominal Shape

- Neutral
 10 degrees from Pt. presentation
 Other: _____

Lumbar Relief

- Left Right

Straps

- White
 Black
 Gusset

Pads

- .5" Installed
 .5" Un-Installed
 Unfinished Pads

OPSB™ Sensor

- Send Sensor
 Sensor Hole

Liner

- 3/16" Unlined
 Other: _____

Lumbar Reinforcement

- Left Right

Plastic

- Copoly 5/32"
 Copoly 1/8"
 Other: _____

Transfer

1st _____
 2nd _____
 Stock Transfers Only @
OPSB.com/customize-your-orthosis

Finished

- Yes
 OPSB Trim
 Customer Trim
 No

Brace Design (Optional)

	Left	Right
Prokyphotic Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Axilla:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Window:	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter Extension:	<input type="checkbox"/>	<input type="checkbox"/>
Trochanter Pad:	<input type="checkbox"/>	<input type="checkbox"/>

Finished Heights (From waist)

**Sternal Notch: _____ cm **Kyphosis Apex: _____ cm
 Thoracic Ext: _____ cm Axilla: _____ cm
 Xyphoid: _____ cm **Inf Angle Scap: _____ cm
 Pubis: _____ cm Seat: _____ cm

Notes:

Scoli Tees

- Single Double

Qty: _____