

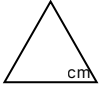
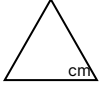
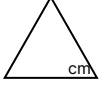
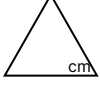
Boston 3D Brace Order Form

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

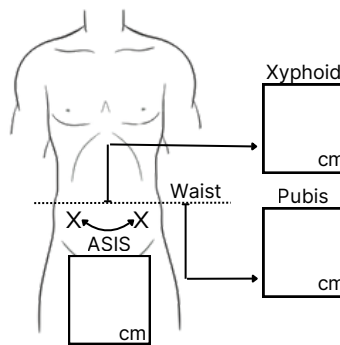
Patient ID: _____ Ht: ____ft____in Wt: ____lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

*All measurements required for BIVALVE SCANS

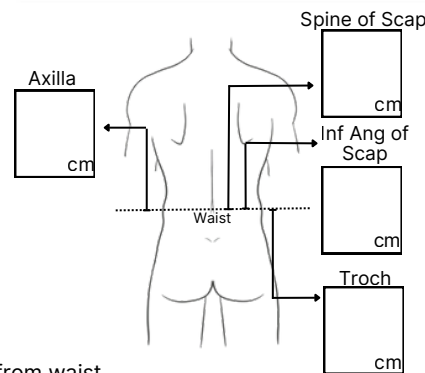
	Cir.	M/L	A/P
Axilla	 cm	 cm	
Xyphoid	 cm	 cm	 cm
Waist	 cm	 cm	 cm
Trochanter	 cm	 cm	 cm

☐ ASIS Anterior lateral relief



Anatomical LENGTHS taken from waist

**Required	Lumbar/TL	Thoracic
Convexity	☐ Left ☐ Right	☐ Left ☐ Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		



Brace Design

Opening

- ☐ Posterior
☐ Anterior *
 w/tongue
*1/16" PE

Liner

- ☐ 3/16" Aliplast
☐ Unlined
☐ 1/8" Partial Liner

Plastic

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

Straps

- ☐ White
☐ Black

Pads

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

Lumbar Reinforcement

- ☐ Left ☐ Right

Transfer

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

☐ Gusset

OPSB™ Sensor

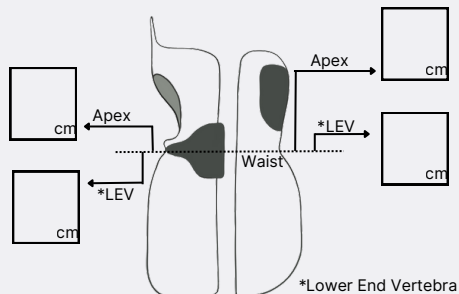
- ☐ Send Sensor
☐ Sensor Hole

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: