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	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

Anatomical Measurements

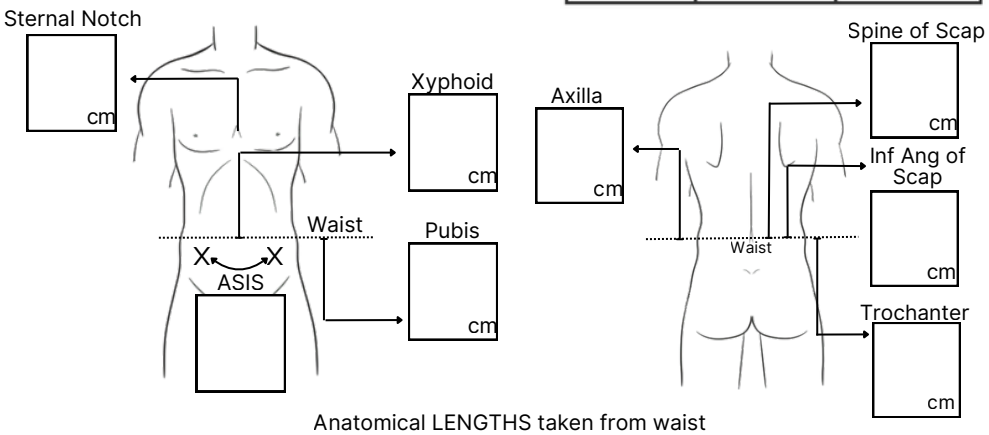
All measurements required

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

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Cast



Anatomical LENGTHS taken from waist

Brace Design

Liner
☐ **3/16" Aliplast**
☐ Other:_____

Plastic
☐ **1/8" Copoly**
☐ Other: _____

Transfer
1st_____
2nd_____
Stock Transfers Only @ OPSB.com/customize-your-brace

Straps
☐ **White**
☐ Black

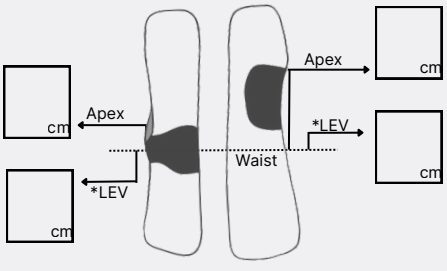
Pads
☐ **.5" Installed**
☐ .5" Un-Installed
☐ Unfinished Pads

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
Pubis: _____cm
☐ OPSB Trim
☐ Customer Trim
Spine of Scap_____cm
Axilla _____cm
Trochanter: _____cm
(Bilateral trochs are standard)

Notes:

37 Shuman Ave Stoughton MA 02072 - customerservice@opsb.com