Boston Kyphosis Order Form

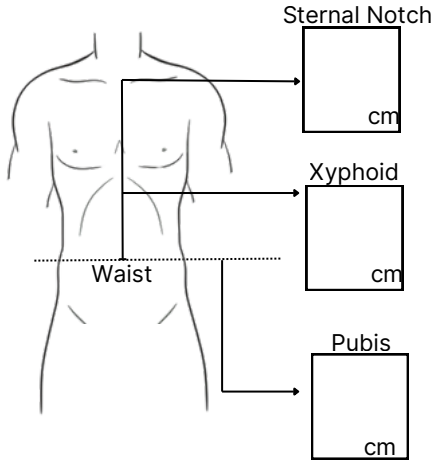
Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ ☐ Previous Kyphosis Wearer Scan Label:_____

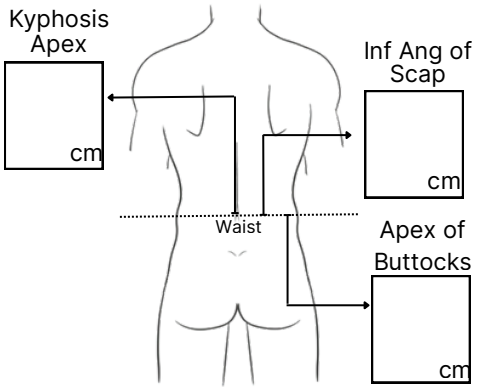
Patient ID:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

Anatomical Measurements

	Cir.	M/L	A/P
Sternal Notch	cm	cm	cm
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Pubis	cm	cm	cm
Trochanter	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: _____

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

Plastic
☐**Copoly sized to model**
☐Other: _____

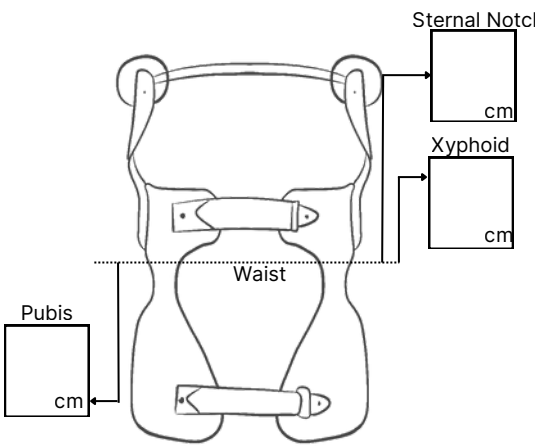
Transfer
1st_____
2nd_____

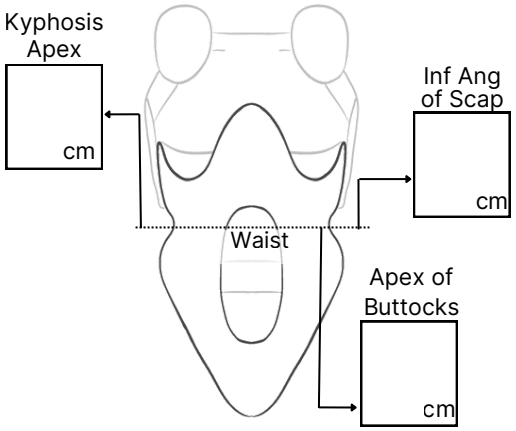
Straps
☐**White**
☐Black

OPSB™ Sensor
☐Send Sensor
☐Sensor Hole

Finished Heights

☐OPSB Trim
☐Customer Trim





Scoli Tees
☐Single
☐Double
Qty:_____

Notes:

Boston Brace International, Inc. ("Boston O&P") is a company that is part of the OP Specialty Bracing division
37 Shuman Ave Stoughton MA 02072 - customerservice@opsb.com