

Boston Nightshift Brace Order Form

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

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

Anatomical Measurements

All measurements required

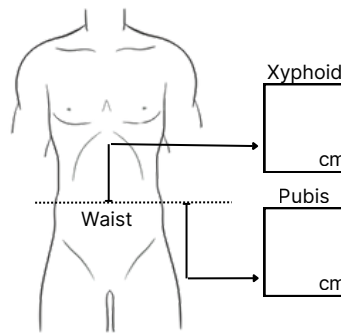
Shape Capture

☐ Scan ☐ Measure Only ☐ Cast

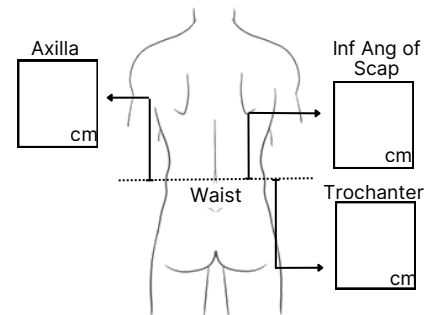
*Required	Lumbar/TL	Thoracic
Convexity	☐ Left ☐ Right	☐ Left ☐ Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

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

☐ ASIS Anterior lateral relief



Anatomical LENGTHS taken from waist



Brace Design

Abdominal Shape

☐ Neutral
☐ Other: _____

Plastic

☐ 1/8" Copoly
☐ Other: _____

Straps

☐ White
☐ Black

Liner

☐ 1/4" Aliplast
☐ Other: _____

Lordosis

☐ 15 degrees
☐ Other: _____

Transfer

1st _____
 2nd _____

Tongue 1/16" PE

☐ Attached
☐ Send ☐ None

Options available @ OPSB.com/customize-your-brace

OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section

Lumbar

☐ Left ☐ Right

Push:

Shift:

Pad: ☐ 1/2" ☐ 1/4"
☐ Sym

Apex T12- L1

Thoracolumbar

☐ Left ☐ Right

Push:

Shift:

Pad: ☐ 1/2" ☐ 1/4"
☐ Sym

Thoracic Extension

☐ Left ☐ Right

Push:

Shift:

Pad: ☐ 1/2" ☐ 1/4"
☐ Sym

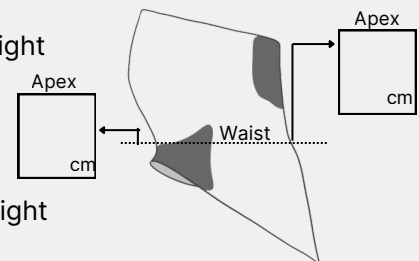
Axilla

☐ Left ☐ Right

Apex:

Waist:

☐ Left ☐ Right
☐ 1/4" Pad



Trochanter

Scoli Tees

☐ Single
☐ Double

Qty: _____

Finished Heights

*from waist

Xyphoid: _____cm Axilla: _____cm

Thoracic Ext: _____cm Trochanter: _____cm

☐ Customer Trim ☐ OPSB Trim

Notes: