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:_____

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

Anatomical Measurements

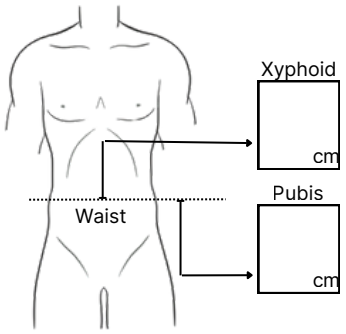
All measurements required

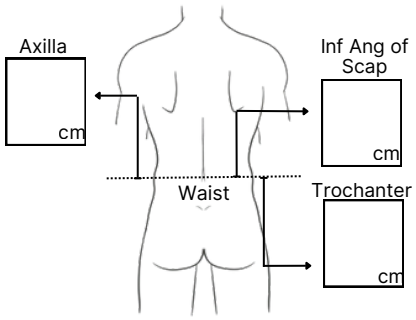
	Cir.	M/L	A/P
Axilla	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Measure Only ☐ Cast





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

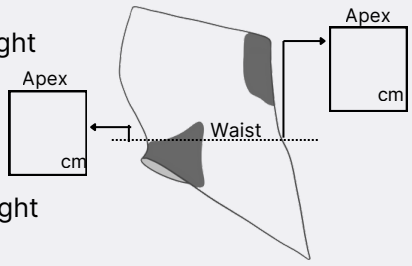
Lumbar
☐ Left ☐ Right
Push: ____
Shift: ____
Pad: ☐ 1/2" ☐ 1/4" ☐ Sym

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

Trochanter
☐ Left ☐ Right
☐ 1/4" Pad



Scoli Tees

☐ Single
☐ Double
Qty: _____

Finished Heights

*from waist

Xyphoid: _____cm Axilla: _____cm

Thoracic Ext: _____cm Trochanter: _____cm

☐ Customer Trim ☐ OPSB Trim

Notes:

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