Boston Brace Original Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Original 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
Axilla	cm	cm	cm
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm
			Pubis

Kyphosis Options

☐ Sternal Bar**

☐ Pectoral Extensions**

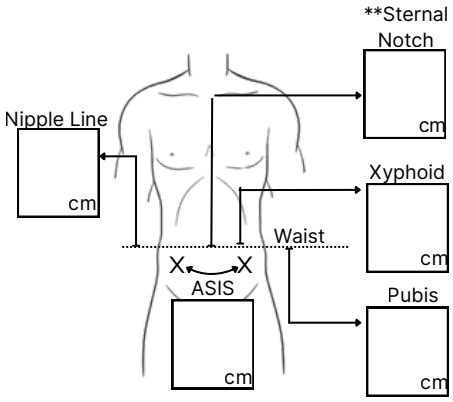
**Anatomical & *Finished Heights Required*

Shape Capture

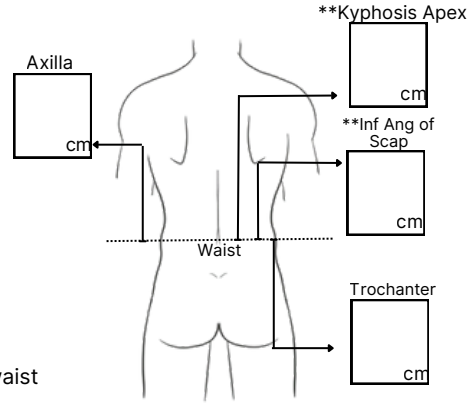
☐ Scan ☐ Cast ☐ Measure Only*

**All measurements required*

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



Anatomical LENGTHS taken from waist



Lordosis

☐ **15 degrees**

☐ Match scan/cast

☐ Other: ____

Abdominal Shape

☐ **Neutral**

☐ 10 degrees from Pt. presentation

☐ Other: _____

Lumbar Relief

☐ Left ☐ Right

Straps

☐ **White**

☐ Black

☐ Gusset

Pads

☐ **.5" Installed**

☐ .5" Un-Installed

☐ Unfinished Pads

OPSB™ Sensor

☐ Send Sensor

☐ Sensor Hole

Liner

☐ **3/16"** ☐ Unlined

☐ Other: _____

Lumbar Reinforcement

☐ Left ☐ Right

Plastic

☐ **Copoly 5/32"**

☐ Copoly 1/8"

☐ Other: _____

Transfer

1st_____

2nd_____

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

Finished

☐ **Yes**

☐ OPSB Trim

☐ Customer Trim

☐ No

Scoli Tees

☐ Single ☐ Double

Qty:_____

Brace Design (Optional)

	Left	Right
Prokyphotic Extension:	☐	☐
Axilla:	☐	☐
Thoracic Extension:	____☐	☐____
Thoracic Pad:	____☐	☐____
Thoracic Window:	☐	☐
Lumbar Pad:	____☐	☐____
Trochanter Extension:	☐	☐
Trochanter Pad:	☐	☐

Finished Heights (From waist)

**Sternal Notch: _____cm

Thoracic Ext: _____cm

Xyphoid: _____cm

Pubis: _____cm

**Kyphosis Apex: _____cm

Axilla: _____cm

**Inf Angle Scap: _____cm

Seat: _____cm

Notes:

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