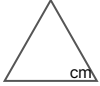
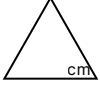
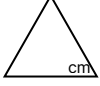
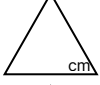
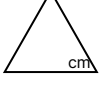


# Boston Brace Original Order Form

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                                                                               |
|----------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>Sternal Notch</b> |  |  |  |
| <b>Axilla</b>        |  |  |  |
| <b>Xyphoid</b>       |  |  |  |
| <b>Waist</b>         |  |  |  |
| <b>Trochanter</b>    |  |  |  |

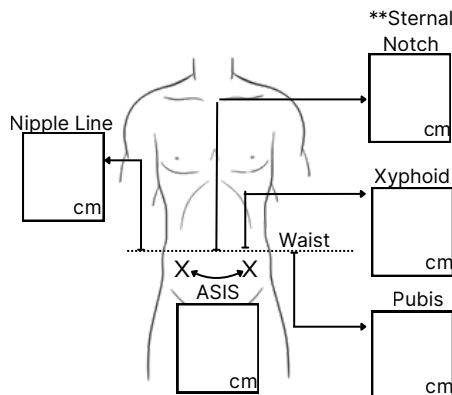
### Kyphosis Options

- ☐ Sternal Bar\*\*  
☐ Pectoral Extensions\*\*

\*\*Anatomical & Finished Heights Required

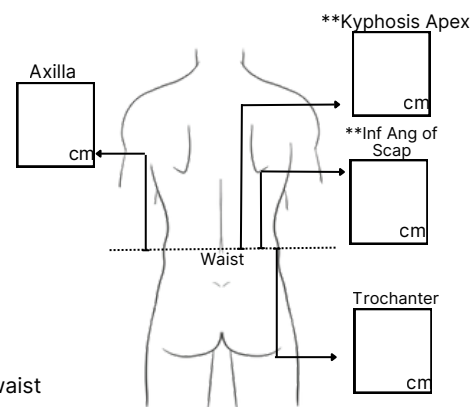
## Shape Capture

- ☐ Scan ☐ Cast ☐ Measure Only\*  
\*All measurements required



Anatomical LENGTHS taken from waist

| Required            | Lumbar/TL                                                    | Thoracic                                                     |
|---------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Convexity           | <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Apical Vertebra     |                                                              |                                                              |
| Cobb Angle          |                                                              |                                                              |
| Scoliometer Reading |                                                              |                                                              |



### 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

## Brace Design (Optional)

|                        | Left                     | Right                    |
|------------------------|--------------------------|--------------------------|
| Prokyphotic Extension: | <input type="checkbox"/> | <input type="checkbox"/> |
| Axilla:                | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic Extension:    | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic Pad:          | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic Window:       | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumbar Pad:            | <input type="checkbox"/> | <input type="checkbox"/> |
| Trochanter Extension:  | <input type="checkbox"/> | <input type="checkbox"/> |
| Trochanter Pad:        | <input type="checkbox"/> | <input type="checkbox"/> |

## Finished Heights (From waist)

|                  |          |                   |          |
|------------------|----------|-------------------|----------|
| **Sternal Notch: | _____ cm | **Kyphosis Apex:  | _____ cm |
| Thoracic Ext:    | _____ cm | Axilla:           | _____ cm |
| Xyphoid:         | _____ cm | **Inf Angle Scap: | _____ cm |
| Pubis:           | _____ cm | Seat:             | _____ cm |

### Scoli Tees

- ☐ Single ☐ Double

Qty: \_\_\_\_\_

## Notes: