Boston Soft Spinal Orthosis Postural Order Form

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

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous SSO Postural Wearer Scan Label:_____

Patient ID:_____ Ht: ____ft____in Wt:_____lbs

Age:_____ Sex:_____ Diagnosis:_____

	G-Tube Relief	Baclofen Pump Relief
Waist to Device	cm	cm
Center to Device	cm	cm
PT's Side	☐ Left ☐ Right ☐ Cut Out	☐ Left ☐ Right

☐ Build Breasts into orthosis

Cup Size: ___

Anatomical Measurements

All measurements required

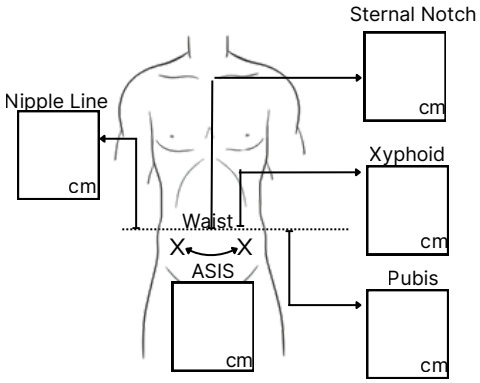
	Cir.	M/L	A/P
Axilla	cm	cm	cm Sternal Notch
Nipple Line	cm	cm	
Xyphoid	cm	cm	cm
Lower Rib	cm	cm	
Waist	cm	cm	cm
ASIS	cm	cm	cm
Trochanter	cm	cm	cm Pubis

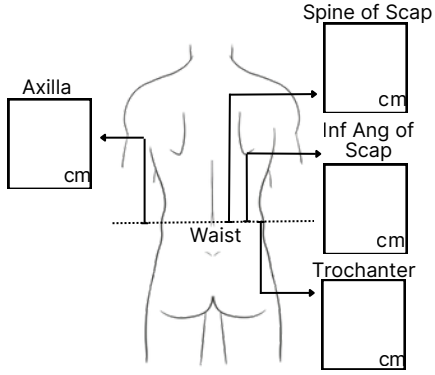
Shape Capture

☐ Scan ☐ Cast ☐ Measure Only

Percent Symmetry/Flexibility

☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%





Anatomical LENGTHS taken from waist

Brace Design

Opening

☐ **Posterior**
☐ Anterior
☐ Bivalve Smooth Overlap
☐ Bivalve Butting Overlap

Liner

Inner Soft:
☐ **3/16"**
☐ Other:_____

Outer Firm:
☐ **1/8" white**
Foam Color:_____
Pink, Red, Blue, Bright Green, Black

Plastic

☐ **Copoly: 1/8"**
☐ MPE: 1/8"
☐ Other:_____

Design

☐ **Frame**
Stays:
☐ Permanent
☐ Removable

Transfer

1st_____

2nd_____

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

Abdominal Window

☐ **Plastic only**
☐ Foam and plastic

Straps

☐ **White**
☐ Black

OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

Modifications Section

Finished

☐ OPSB Trim
☐ Customer Trim

Lordosis

☐ **25 degrees**
☐ Match scan/cast
☐ Other:_____

Abdominal Shape

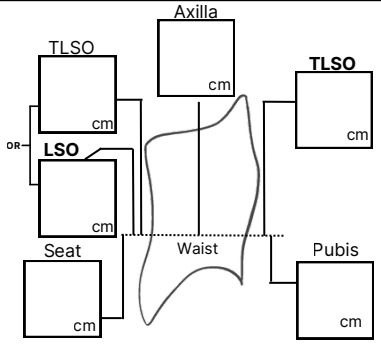
☐ **Neutral**
☐ Other:_____

Kyphosis

☐ **25 degrees**
☐ Match scan/cast
☐ Other:_____

Troch Ext.

☐ Left
☐ Right



Scoli Tees

☐ Single
☐ Double

Qty:_____

Notes:

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