

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: _____

Anatomical Measurements

All measurements required

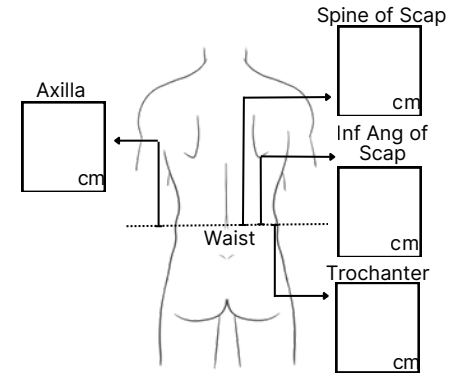
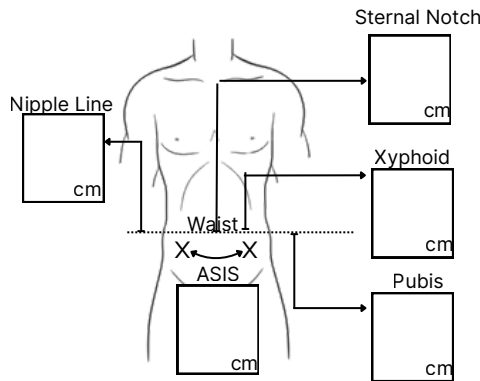
	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			

Sternal Notch

Pubis

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only
Percent Symmetry/Flexibility
☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%



Anatomical LENGTHS taken from waist

	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: _____

Brace Design

Opening
☐ Posterior
☐ Anterior
☐ Bivalve Smooth Overlap
☐ Bivalve Butting Overlap

Liner
 Inner Soft: ☐ Copoly: 1/8"
☐ 3/16"
☐ MPE: 1/8"
☐ 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 _____

Abdominal Window
☐ Plastic only
☐ Foam and plastic

Straps
☐ White
☐ Black

OPSB™ Sensor
☐ Send Sensor
☐ Sensor Hole

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

Modifications Section

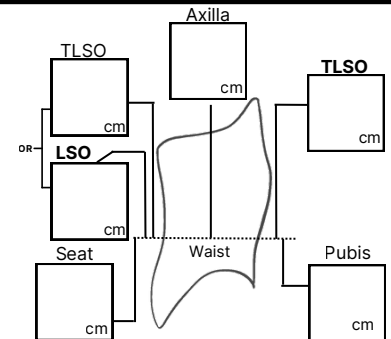
Finished
☐ OPSB Trim
☐ Customer Trim

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: