

Boston Baby Brace Order Form

Date: _____ Due Date: _____ PO #: _____ Contact: _____
 Ship To: _____ Ship Via: _____ Email: _____
 Address: _____ Account #: _____ Phone: _____
 City: _____ State: _____ Zip: _____ ☐ Previous Boston Baby Wearer Scan Label: _____

Patient ID: _____ Ht: ____ft____in Wt: ____lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

All measurements required

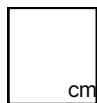
	Cir.	M/L	A/P
Sternal Notch			
Axilla			
Xyphoid			
Waist			
Trochanter			

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Cast

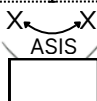
Sternal Notch



Xyphoid



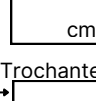
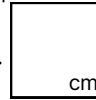
Waist



Pubis



Spine of Scap



Anatomical LENGTHS taken from waist

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

Brace Design

Liner Plastic Transfer Straps Pads
☐ 3/16" Aliplast ☐ 1/8" Copoly ☐ 1st _____ ☐ White ☐ .5" Installed
☐ Other: _____ ☐ Other: _____ ☐ 2nd _____ ☐ Black ☐ .5" Un-Installed
 Stock Transfers Only @ OPSB.com/customize-your-brace ☐ Unfinished Pads

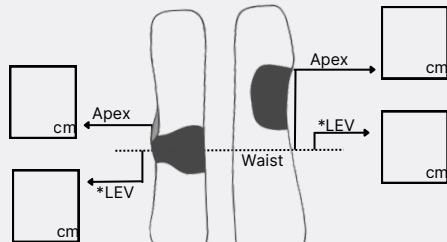
OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section

Lumbar/TL

☐ Left ☐ Right



*Lower End Vertebra

Thoracic Extension

☐ Left ☐ Right

Height _____ cm

Axillary Modifications

☐ Left ☐ Right

Scoli Tees

☐ Single
☐ Double

Qty: _____

Finished Heights

(from waist)

Sternal Notch _____ cm Spine of Scap _____ cm

Pubis: _____ cm Axilla _____ cm

☐ OPSB Trim Trochanter: _____ cm

☐ Customer Trim (Bilateral trochs are standard)

Notes: