

Boston Body Jacket Order Form

Date: _____ Due Date: _____ PO #: _____ Contact: _____
 Ship To: _____ Ship Via: _____ Email: _____
 Address: _____ Account #: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Scan Label: _____

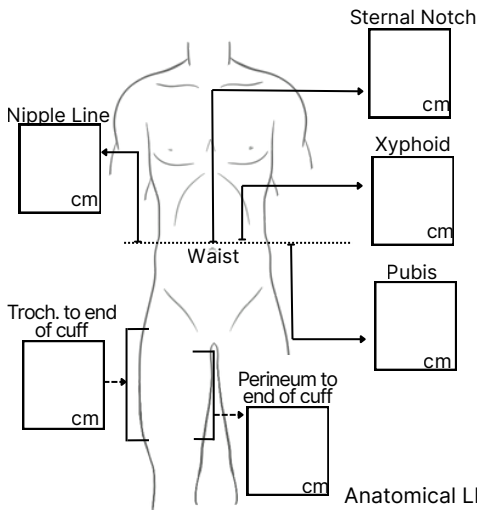
Patient ID: _____ Ht: _____ ft _____ in Wt: _____ lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

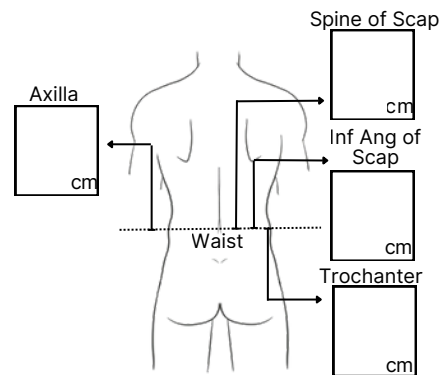
	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Waist			
ASIS			
Trochanter			
3" Distal to Perineum			
3" Proximal to Knee Center			

Shape Capture

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



	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



Anatomical LENGTHS taken from waist

Cuffs

☐ Left ☐ Right
☐ Detached ☐ Integrated
 Flexion Degree _____
 Abduction Degree _____
 Joint Type _____
☐ Drop Lock ☐ B3

☐ Build Breasts into orthosis
 Cup Size: _____*

** Waist to nipple line required in best seated position*

Guard

☐ Kidney ☐ Spleen
☐ Left Opening ☐ Right Opening

Brace Modifications

Percent Symmetry/Flexibility

☐ Full Symmetry
☐ 50% Symmetry
☐ As is

Lordosis

☐ 15 degrees
☐ Match scan/cast
☐ Other: _____

Abdominal Relief

☐ Neutral
☐ Other: _____

Options

☐ Wide Tongue
☐ Shoulder Straps
☐ Buckles Posterior
☐ Adjustable Length Straps
☐ Extended Buckles

Brace Design

Opening

☐ Posterior
☐ Anterior
☐ Bivalve
☐ Left Lateral
☐ Right Lateral

Overlaps

☐ Smooth overlap
☐ Butting overlap
☐ Tongue: 1/8" Firm

Plastic

☐ LDPE 5/32"
☐ Other: _____

Inner Liner

☐ Aiplast 3/16"
☐ Aiplast 1/8"
☐ Aiplast 1/4"
☐ Unlined

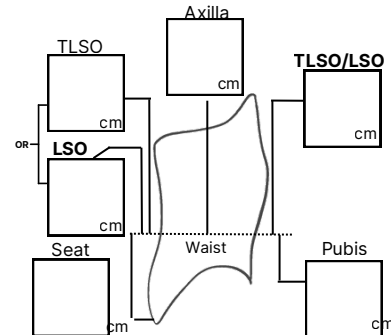
Transfer

1st _____
 2nd _____

Straps

☐ White
☐ Black

Finished Trimlines



Finished

☐ Yes ☐ OPSB Trim
☐ No ☐ Customer Trim

Scoli Tees

☐ Single
☐ Double Qty: _____

Notes:

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