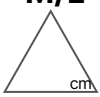
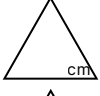
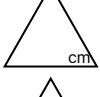
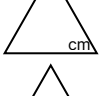
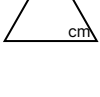


Boston Brace Original Order Form

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
Sternal Notch			
Axilla			
Xyphoid			
Waist			
Trochanter			

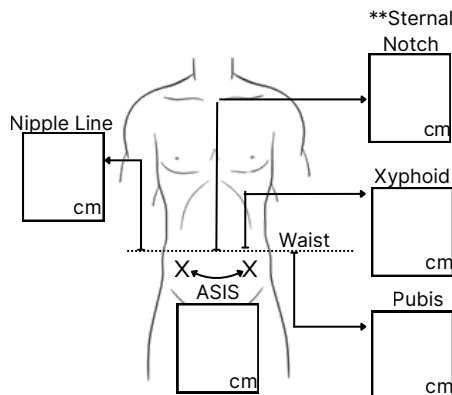
Kyphosis Options

- ☐ Sternal Bar**
☐ Pectoral Extensions**

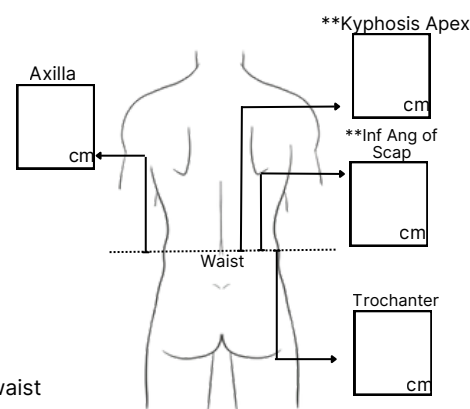
**Anatomical & Finished Heights Required

Shape Capture

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



Required	Lumbar/TL	Thoracic
Convexity	☐ Left ☐ Right	☐ Left ☐ 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:	☐	☐
Axilla:	☐	☐
Thoracic Extension:	☐	☐
Thoracic Pad:	☐	☐
Thoracic Window:	☐	☐
Lumbar Pad:	☐	☐
Trochanter Extension:	☐	☐
Trochanter Pad:	☐	☐

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: