

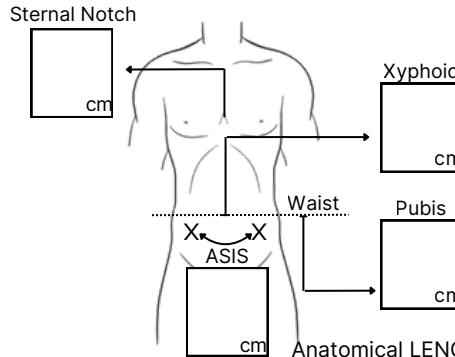
Boston RC Brace Order Form

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

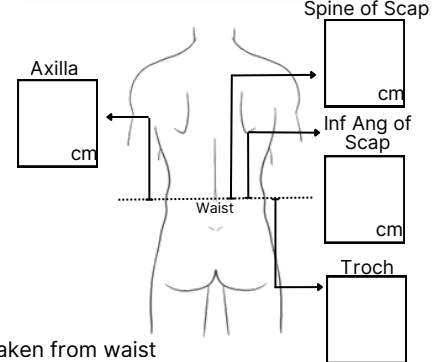
Patient ID: _____ Ht: _____ft____in Wt: _____lbs
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements *All measurements required

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



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



Anatomical LENGTHS taken from waist

Brace Design	Plastic	Strap Options	Transfer	OPSB™ Sensor
	☐ 5/32" Copoly	☐ White ☐ Unattached	1st _____	☐ Send Sensor
	☐ 1/8" Copoly	☐ Black ☐ Attached	2nd _____	☐ Sensor Hole
Stock Transfers Only @ OPSB.com/customize-your-brace				

Rigo Cheneau Classification

Selection required



- ☐ A1: L3 tilted to thoracic apex
☐ Open Hip
☐ A2: L3/L4 horizontal
☐ A3: L2/L3 apex, L4 tilted to lumbar



- ☐ B1: L1/L2 apex
☐ B2: T12 apex



- ☐ C1: No lumbar curve
☐ C2: Lumbar Curve on CSL



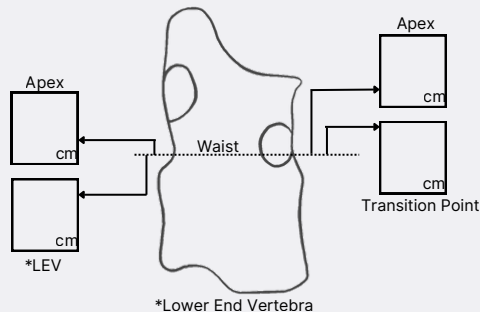
- ☐ E1: L1 apex, curve off CSL
☐ E2: T11/T12 apex off CSL

CAD Design Section

Lumbar/TL

☐ Left ☐ Right

☐ TL Extension
 Height _____cm



Thoracic Extension

☐ Left ☐ Right

Height _____cm

☐ Open Hip

Axillary Modifications

☐ Left ☐ Right

☐ Neutral Axilla

☐ Inset Axilla : _____mm

☐ Posterior Extension

Scoli Tees

- ☐ Single
☐ Double

Qty: _____

Finish Trim Lines

- ☐ OPSB Trim
☐ Customer Trim

Notes: