Boston Soft Spinal Orthosis Corrective Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous SSO Corrective Wearer Scan Label:_____

Patient ID:_____ Ht: ____ft____in Wt:_____lbs

Age:_____ Sex:_____ Diagnosis: _____

	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: ____

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

Anatomical Measurements

All measurements are required and taken supine

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

Shape Capture

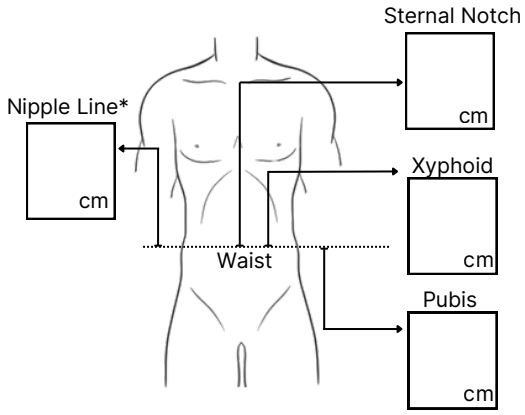
☐Scan ☐Cast ☐Measure Only

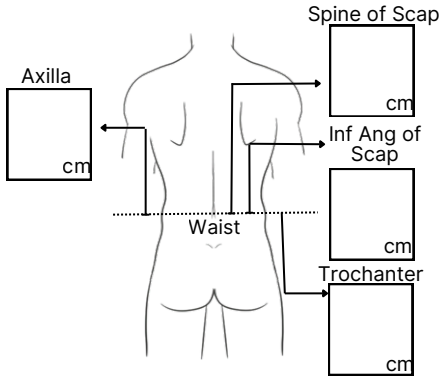
Percent Symmetry/Flexibility

☐As Is ☐25% ☐50% ☐75% ☐100%

3D Modifications- *Built in correction*

☐ Yes ☐ No





Anatomical LENGTHS taken from waist

Lordosis

☐ **25 degrees** ☐Other: _____

☐ Match scan/cast

Kyphosis

☐ **25 degrees** ☐Other: _____

☐ Match scan/cast

Abdominal Shape

☐ **Neutral**

☐ Other: ____

Window Type

☐ **Asymmetrical**

☐ Symmetrical

Brace Design

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

Opening

☐ **Posterior**

☐ Anterior

w/Tongue 1/8' Firm

Plastic

☐ **1/8" Copoly**

☐ Other: _____

Liner

☐ **3/16"**

☐ Other: _____

Outer Liner

☐ **1/8"**

☐ Foam Color_____

Pink, Blue, Bright Green, Red, Black

Transfer

1st_____

2nd_____

Abdominal Window

☐ **Foam and plastic**

☐ Plastic only

Thoracic Window

☐ **Foam and plastic**

☐ Plastic only

Pads

☐ **.5 Installed**

☐ .5 Un-installed

☐ Unfinished

Straps

☐ **White**

☐ Black

OPSB™ Sensor

☐ Send Sensor

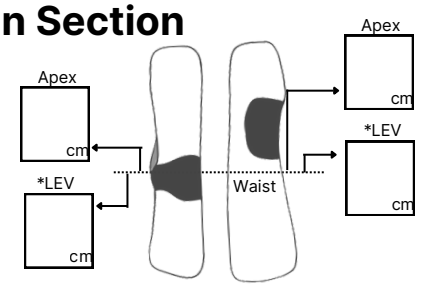
☐ Sensor Hole

CAD Design Section

Lumbar

☐ Left

☐ Right



*Lower End Vertebra

Thoracic Ext.

☐ Left

☐ Right

Height: ____

Troch Ext.

☐ Left

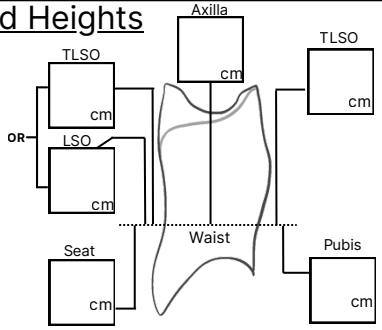
☐ Right

Axillary

☐ Left

☐ Right

Finished Heights



☐OPSB Trim

☐Customer Trim

Scoli Tees

☐Single ☐Double Qty:_____

Notes:

37 Shuman Ave Stoughton MA 02072 - customerservice@opsb.com