

Boston Soft Spinal Orthosis Postural Order Form

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

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

Anatomical Measurements

All measurements required

	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			

Sternal Notch

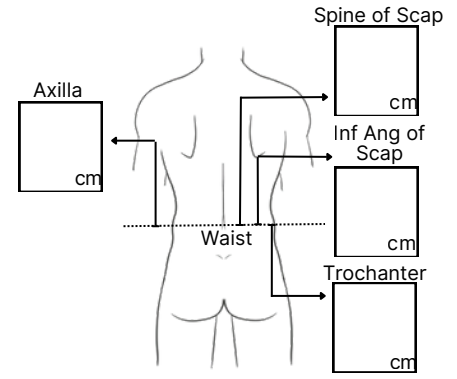
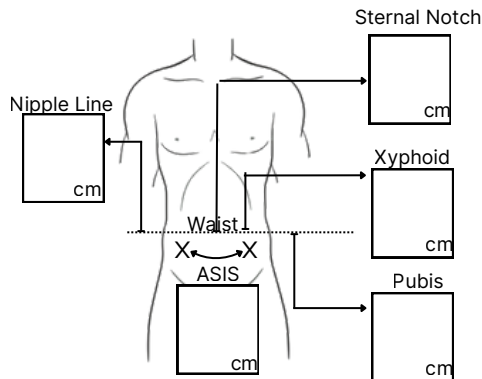
Pubis

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only

Percent Symmetry/Flexibility

☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%



Anatomical LENGTHS taken from waist

	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: _____

Brace Design

Opening

- ☐ Posterior
☐ Anterior
☐ Bivalve Smooth Overlap
☐ Bivalve Butting Overlap

Liner

Inner Soft:

- ☐ 3/16"
☐ Other: _____

Outer Firm:

☐ 1/8" white

Foam Color: _____

Pink, Red, Blue, Bright Green, Black

Plastic

☐ Copoly: 1/8"

☐ MPE: 1/8"

☐ Other: _____

Design

☐ Frame

Stays:

- ☐ Permanent
☐ Removable

Transfer

1st _____

2nd _____

Abdominal Window

☐ Plastic only

☐ Foam and plastic

Straps

☐ White

☐ Black

OPSB™ Sensor

☐ Send Sensor

☐ Sensor Hole

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

Modifications Section

Finished

- ☐ OPSB Trim
☐ Customer Trim

Lordosis

- ☐ 25 degrees
☐ Match scan/cast
☐ Other: _____

Abdominal Shape

☐ Neutral

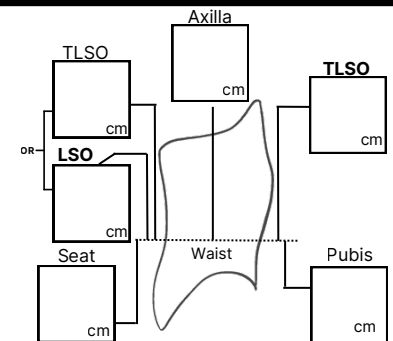
☐ Other: _____

Kyphosis

- ☐ 25 degrees
☐ Match scan/cast
☐ Other: _____

Troch Ext.

- ☐ Left
☐ Right



Scoli Tees

- ☐ Single
☐ Double

Qty: _____

Notes: