

# BOSTON SOFT SCOLIOSIS ORDER FORM

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Scan Label: \_\_\_\_\_

**Impression**  
 Scan  Cast  Measure only

Reduce to hand measures  
**Modifications**  
 As is  50%  Full Symmetry

**Measurements (cm)**

Axilla  
 Nipple Line  
 \*Xyphoid  
 Lower Rib  
 \*Waist  
 ASIS  
 Trochanter

Sternal Notch  
 Nipple Line  
 Xyphoid  
 ASIS  
 Symphysis Pubis

Spine of Scap  
 Axilla  
 Inf. Ang. Scap  
 Waist  
 Gluteal Fold

**G-tube Relief** \_\_\_\_\_  
**Baclofen Pump Relief** \_\_\_\_\_  
 Waist to Device: \_\_\_\_\_  
 Center to Device: \_\_\_\_\_  
 Pt's Side:  Left  Right  Left  Right  
 Cut out

**Lordosis**  As is  15°  Other: \_\_\_\_\_  
**Abdominal Compression**  10° from neutral  10° from Pt. presentation  Neutral  Other: \_\_\_\_\_  
**Abdominal Relief\***  S  M  L  XL  
\*if relief is required, please include A/P measures at xyphoid, waist and pubis  
**Lumbar Relief**  Left  Right  
**Lumbar Reinforcement**  Left  Right  
**Opening**  Anterior  Posterior  
 Tongue:  1/8" aliplast

**Aliplast**  
 Inner Soft:  1/8"  3/16"  1/4"  
 Outer Firm:  1/8" white  3/16" Foam Color: \_\_\_\_\_  
**Frame**  
 Internal  External Transfer: \_\_\_\_\_  
 MPE:  1/8"  5/32"  
 Copoly:  1/8"  5/32"

**Notes:**

**Brace Design**

Prokyphotic Extension:  Left  Right  
 Axilla:  Left  Right  
 Thoracic Extension:  Left  Right  
 Thoracic Pad:  Left  Right  
 Thoracic Window:  Left  Right  
 Gusset:  Left  Right  
 Lumbar Pad:  Left  Right  
 Trochanter Extension:  Left  Right  
 Trochanter Pad:  Left  Right

**Finished:**  Yes  No  Finish to tech discretion  
(If yes, please provide X-ray and complete all fields in BOLD)

**Finish Heights (from waist)**

Sternal Notch: \_\_\_\_\_ Spine of Scap: \_\_\_\_\_  
 Xyphoid: \_\_\_\_\_ Axilla: \_\_\_\_\_  
 Pubis: \_\_\_\_\_ Inf Angle Scap: \_\_\_\_\_  
 Seat: \_\_\_\_\_

**Straps:**  Standard- White  Black  
 Pads:  Yes  No  Send  
 Previous Wearer:  Yes  No

Rev. 17 4/17