

BOSTON BODY JACKET ORDER FORM

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

Patient Information

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Diagnosis: _____
 Previous wearer? Yes No

Orthosis Design

Body Jacket Standard 5/32" LD PE, 3/16" liner
 Inner Material: **Aliplast** Other: _____
 Size: 1/8" **3/16"** 1/4"
 Outer Material: **LDPE** Other: _____
 Size: 1/8" **5/32"** 3/16" 1/4"
 Opening: Anterior Posterior
 Bivalve Left Lateral Right Lateral
 Overlaps: None Butting
 Smooth Tongue
 Options: Wide Tongue Glue/ Reinforce Tongue
 Plastic Rivets G-Tube Cut Out
 Shoulder Straps Adjustable Length Straps
 Buckles Posterior Extended Buckles

Finished? Yes No

Measurement: Cast Scan Measure ONLY

Scan Label: _____

Color/transfer: _____ Transfer on straps

Modifications: As-is 50% Full symmetry

Lordosis: As-is 15° Other: _____

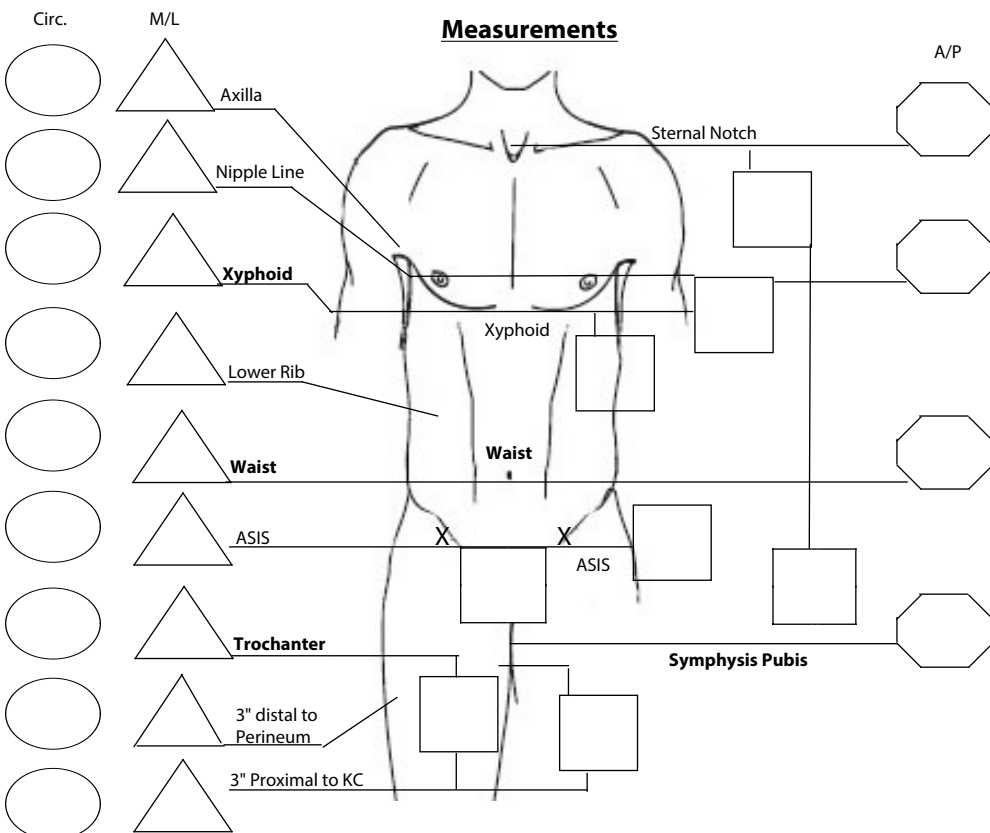
Abdomen Relief: None XS S M L XL

Build breast into Orthosis Cup size: _____

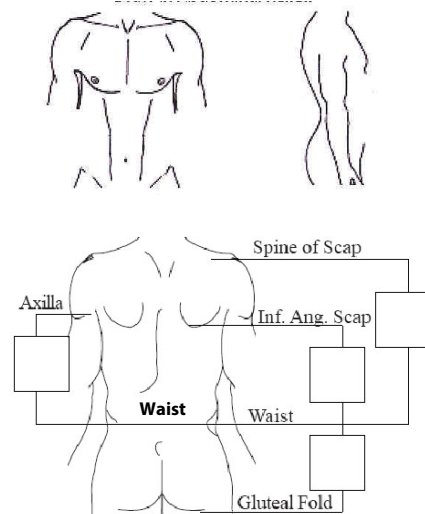
Integrated Cuffs Degree Flexion: _____ Joint Type: _____

Detached cuffs Degree Abduction: _____ Joint Size: _____

Special Instructions or comments:



Draw in Abdominal Relief:



Finished Measurements	<input type="checkbox"/> TLSO	<input type="checkbox"/> LSO
Pubis _____	Xyphoid _____	
Axilla _____	Sternal Notch _____	
Inf. Angle Scap _____	Seat _____	
Spine of Scap _____	Mid Scapula _____	

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