

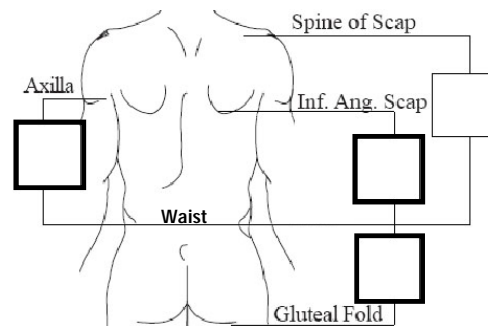
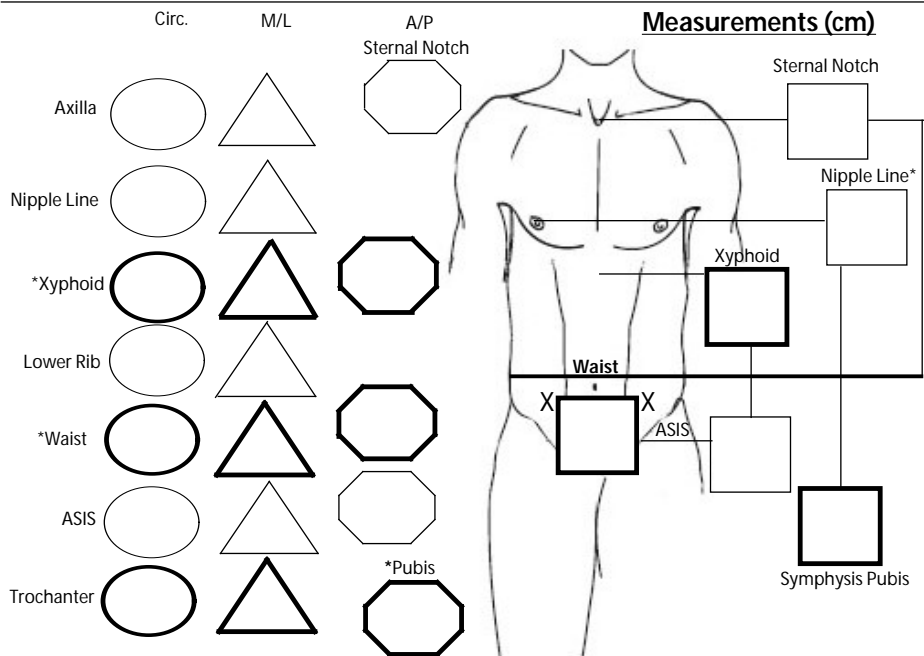
# BOSTON SOFT SPINAL ORTHOSIS ORDER FORM

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



**G-tube Relief**      **Baclofen Pump Relief**

Waist to Device: \_\_\_\_\_

Center to Device: \_\_\_\_\_

Pt's Side:  Left  Right       Left  Right

Cut out

Build Breasts into orthosis      Cup size: \_\_\_\_\_

\*Waist to Nipple Line required for breast buildup

**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

**Opening**

Anterior

Posterior

Bivalve

Lateral:  Left  Right

**Aliplast**

Inner Soft:  1/8"  3/16"  1/4"

Outer Firm:  1/8" white

3/16" Foam Color: \_\_\_\_\_

**Structure**

Stays:  Permanent  Removable

Frame:  Internal  External Transfer: \_\_\_\_\_

MPE:  1/8"  5/32"

Copoly:  1/8"  5/32"

**Overlap**

Tongue: 1/8" Firm Aliplast

Smooth

Butting

None

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

LSO       TLSO

**Finish Heights (from waist)**

Sternal Notch: \_\_\_\_\_ Spine of Scap: \_\_\_\_\_

Xyphoid: \_\_\_\_\_ Axilla: \_\_\_\_\_

Pubis: \_\_\_\_\_ Inf Angle Scap: \_\_\_\_\_

Seat: \_\_\_\_\_

**Straps:**  Standard- White  Black

Previous Wearer:  Yes  No

**Notes:**

Rev. 9 7/17