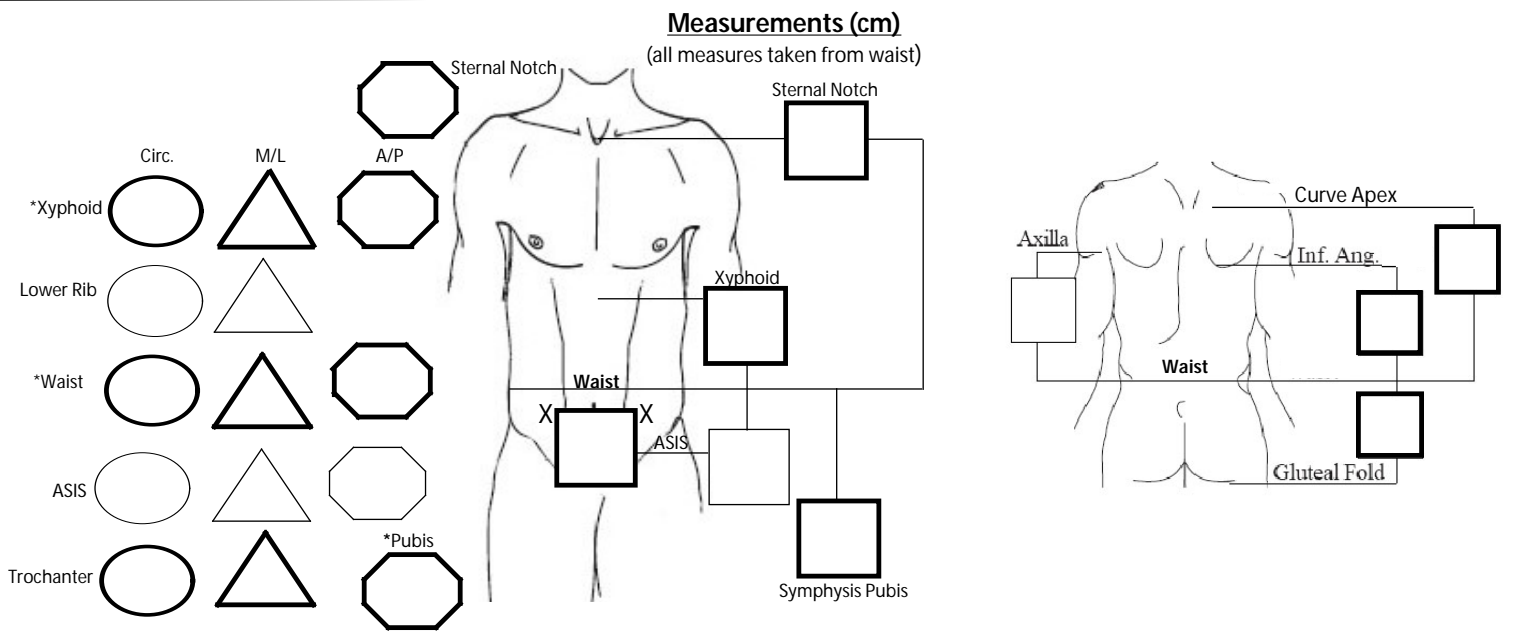


BOSTON KYPHOSIS ORDER FORM

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

Patient Name: _____ **Impression**
 Age: _____ Sex: _____ Ht: _____ Wt: _____ Diagnosis: _____ Scan Cast Measure Only
 Scan Label: _____ Reduce to hand measures



Lordosis	Abdominal Compression	Abdominal Relief*	Plastic
<input type="checkbox"/> Standard - 15°	<input type="checkbox"/> Standard - 10° from neutral	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Standard - copoly sized to model
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Neutral	<input type="checkbox"/> L <input type="checkbox"/> XL	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Other: _____	* if relief is required please include A/P measures at xyphoid, waist and pubis.	
			<input type="checkbox"/> Transfer: _____

Boston Kyphosis Brace
(posterior opening)

Liner

Standard - 3/16" aliplast

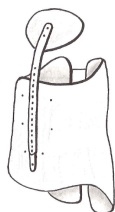
Other: _____

Kyphosis Control

Standard - Sternal bar

Articulating pectoral extensions

Cow horns



Kyphologic Style Brace
(anterior opening)

Liner - (posterior seat + curve apex trimline only)

Standard - 1/8" aliplast

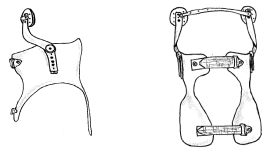
Other: _____

Kyphosis Control

Standard - Cow horns

Tongue

Standard - 1/16"PE



Lateral View Anterior View

Notes:

Finish Heights (from waist)

Sternal Notch or Subclavicular: _____ Axilla: _____

Xyphoid: _____ Curve Apex: _____

Pubis: _____ Inf. Angle: _____

Seat: _____

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

Straps: Standard- White Black

iButton: Yes No Foam only

Rev.16 8/17