

BOSTON BRACE Baby ORDER FORM

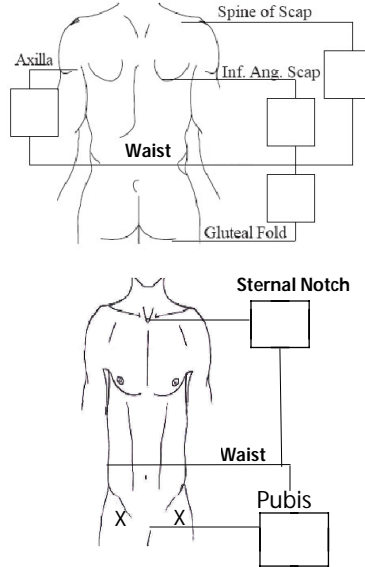
Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Email: _____

Patient Name: _____ Previous Wearer: Yes No
 Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____ Same Design: Yes No **If other, provide details in notes**
 Scan Cast

****Require measurements below**

	Circ.	M/L	A/P
Axilla			
Xyphoid			
Waist			
Trochanter			

Measurements (cm)



Scan Label: _____

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		

Accuracy **Necessary** for best results

Scoli T's (Customer Service will determine the right size for your patient based off the measurements provided)

White Single Silver Double Quantity: _____

Opening	Liner	Plastic	Transfer	Pads	Straps	Boston Sensor
<input type="checkbox"/> Posterior	<input type="checkbox"/> 3/16" aliplast	<input type="checkbox"/> 1/8" copoly	<input type="checkbox"/> 1st _____	<input type="checkbox"/> .5" Installed	<input type="checkbox"/> No <input type="checkbox"/> White	Send Sensor <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unlined	<input type="checkbox"/> 1/8" Partial liner	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 2nd _____	<input type="checkbox"/> .5" un-installed	<input type="checkbox"/> Yes <input type="checkbox"/> Black	Hole Size For: <input type="checkbox"/> Boston Sensor
				<input type="checkbox"/> Other: _____		<input type="checkbox"/> iButton
						<input type="checkbox"/> No hole

CLINICIAN ↑

BOSTON O&P ↓

Lumbar	Thoracic Extension	Abdominal Window Cut Out
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Yes <input type="checkbox"/> No
Axillary Extension	Height <input type="text"/> cm	Thoracic Window
<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Yes <input type="checkbox"/> No

CAD specs determined by Boston O&P

*Lower End Vertebra

CAD	LAB USE ONLY	DESIGN	Finish Heights (from waist)	Notes:
<input type="text"/>	OVEN	<input type="text"/>	Sternal Notch: _____	
<input type="text"/>	FINISH	<input type="text"/>	Spine of Scap: _____	
<input type="text"/>	QC	<input type="text"/>	Axilla: _____	
			Pubis: _____	
			Seat: _____	
			Bilateral Trochs	