

# BOSTON BAND ORDER FORM

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

## Patient Information

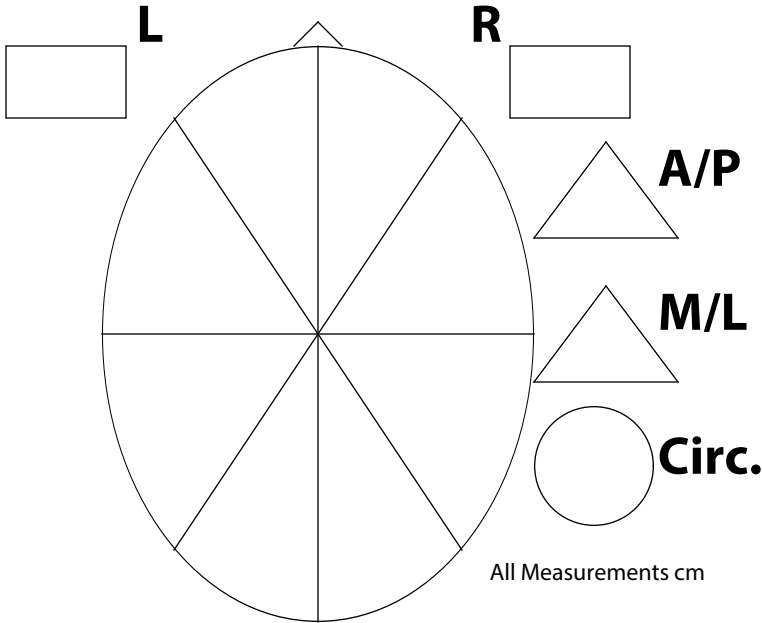
Patient Name: \_\_\_\_\_  Scan Image  Positive Modified Mold  Cast Impression  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Scan Label: \_\_\_\_\_  
 Date of Scan: \_\_\_\_\_

## Patient Assessment

Head Shape:  Plagiocephaly  Asymmetric Brachycephaly  Brachycephaly  Scaphocephaly  Synostosis/Post-op

### Specific Observations

Occipital Area Flattening:  Left  Right  Symmetrical  N/A  
 Parietal Area Flattening:  Left  Right  Symmetrical  N/A  
 Frontal Area Flattening:  Left  Right  Symmetrical  N/A  
 Anterior Ear Shift:  Left  Right  N/A



### Modifications

| Location                                   | Side   | Magnitude |
|--|--|-----------|
| <input type="checkbox"/> Central Occipital |  | _____ mm  |
| <input type="checkbox"/> Posterolateral    | <input type="checkbox"/> Left <input type="checkbox"/> Right | _____ mm  |
| <input type="checkbox"/> Anterolateral     | <input type="checkbox"/> Left <input type="checkbox"/> Right | _____ mm  |

Practitioner: Place "user marks" directly on scan at nasal suture, ear centers, and center of void.

### Orthosis Design Information

All Standard Options \* Options in **Bold** are Standard

Foam:  **Aliplast**  Plastizote

Layers: 1/8"  **4**  5  6  7  \_\_\_\_\_  
 3/16"  1  **2**  \_\_\_\_\_  
 1/2"  1  \_\_\_\_\_

Hinge:  Yes  No **Note:** Side opposite opening is standard.

Transfer:  Yes \_\_\_\_\_  No

Side Opening:  Left  Right  No hole on top  
**Note:** Opening opposite flattening is standard.  
 Bilateral slits above ear is standard if no hole on top.

Finishing:  **Ready for first fit ( 2cm above nasal suture, top opening sized to patient, void with vent holes, cheek extended 1cm above bottom of occipital, reverse flare)**  
 Unfinished  
 Ready for first fit (see customer's notes)

Void:  **Yes**  No **Note:** Asymmetric brachy standard is to address plagio portion first. Further adjustments will be made as needed in clinic.

Strap:  **Attached**  Unattached  D-ring/Chafe

Notes: \_\_\_\_\_