

BOSTON BAND ORDER FORM

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

Patient Information

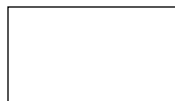
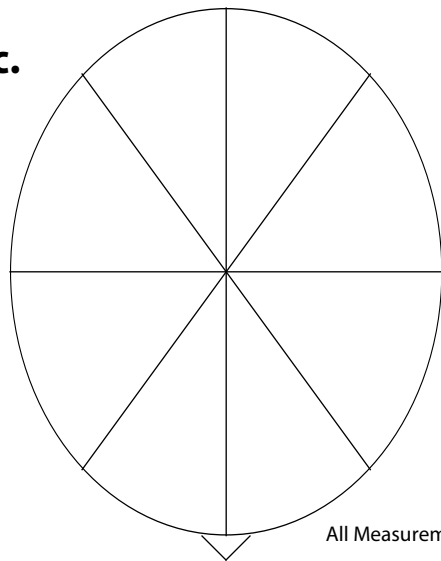
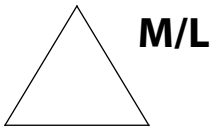
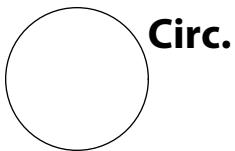
Patient Name: _____ Scan Image Positive Modified Mold Cast Impression
 Date of Birth: _____ Sex: M F Scan Label: _____
 Date of Scan: _____

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



R ant - L post

L ant - R post

Modifications

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

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

Orthosis Design Information

All Standard Options * Standard Options*
 Foam: *Aliplast* Plastizote
 Layers: 1/8" 4 5 6 *7* _____
 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.
 Left side opening is standard for Brachycephaly

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: _____