

BOSTON BAND ORDER FORM

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

Patient Information

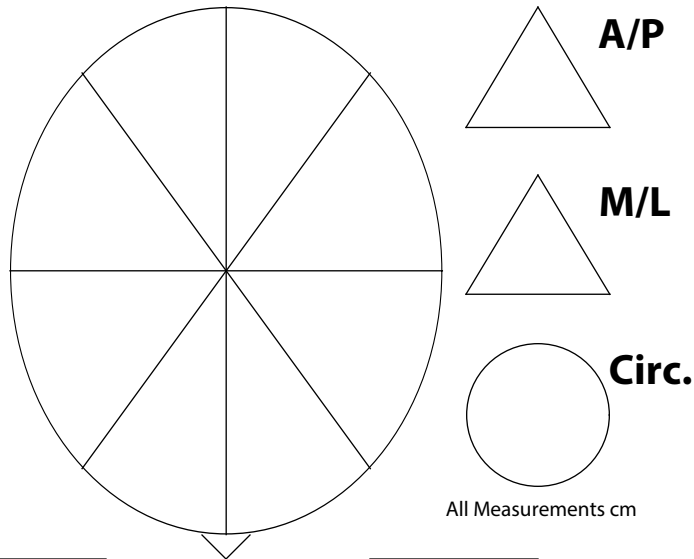
Patient Name: _____ Scan Image Positive Modified Mold Cast Impression
 Date of Birth: _____ Sex: _____ Scan Label: _____
 Date of Scan: _____

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



R ant - L post L ant - R post

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 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: _____