

# BOSTON BAND ORDER FORM

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

## Patient Information

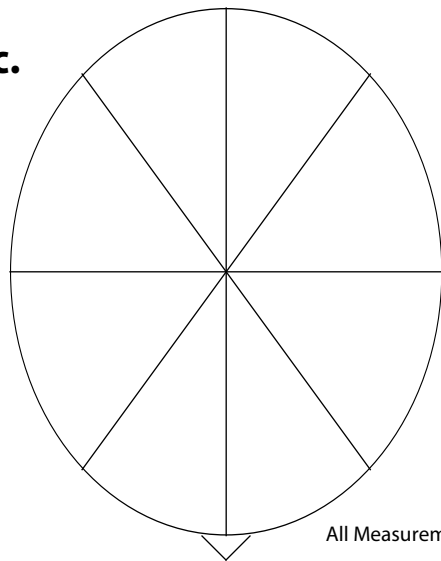
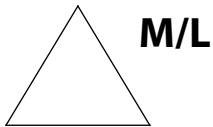
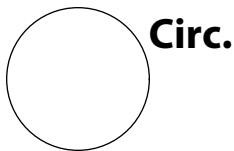
Patient Name: \_\_\_\_\_  Scan Image  Positive Modified Mold  Cast Impression  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Scan Label: \_\_\_\_\_  
 Date of Scan: \_\_\_\_\_

## Patient Assessment

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

### Specific Observations

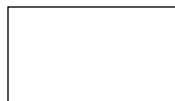
Occipital Area Flattening:  Left  Right  Symmetrical  N/A  
 Parietal Area Flattening:  Left  Right  Symmetrical  N/A  
 Frontal Area Flattening:  Left  Right  Symmetrical  N/A  
 Anterior Ear Shift:  Left  Right  N/A



All Measurements cm



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 \* Standard Options\*  
 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.  
 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: \_\_\_\_\_