

# BOSTON BRACE 3D ORDER FORM

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

Patient Name: \_\_\_\_\_ First Time Wearer:  Yes  No  
 If no, specify Troch/Axillary  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  
 Axillary Extension:  Left  Right  
 Troch Extension:  Left  Right

\*\*Bivale scans require measurements below

**Measurements (cm)**

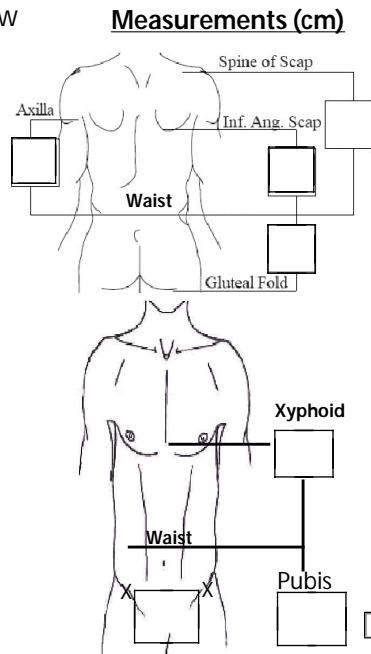
Circ. M/L A/P

Axilla

Xyphoid

Waist

Trochanter



Scan Label: \_\_\_\_\_

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		
Scoliometer reading		

Chart completion **Necessary** for brace fabrication

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

White  Single  Silver  Double Quantity: \_\_\_\_\_

ASIS anterior lateral relief

Opening	Liner	Plastic	Transfer	Pads	Straps	iButton
<input type="checkbox"/> Posterior	<input type="checkbox"/> 3/16" aliplast	<input type="checkbox"/> 5/32" copoly		<input type="checkbox"/> .5" Installed	<input type="checkbox"/> No	<input type="checkbox"/> White Send iButton <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Anterior	<input type="checkbox"/> Unlined	<input type="checkbox"/> Other: _____		<input type="checkbox"/> .5" un-installed	<input type="checkbox"/> Yes	<input type="checkbox"/> Black Drill Hole in Plastic <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 1/8" Partial liner			<input type="checkbox"/> Other: _____		Foam cut out only <input type="checkbox"/>
	Lumbar Reinforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No					

CLINICIAN ↑

BOSTON O&P ↓

**Lumbar / TL** CAD specs determined by Boston O&P **Thoracic Extension**

Left  Right  Left  Right

TL Extension:  Yes  No

Height  cm

Apex  cm

LEV\*  cm

Height  cm

Axillary Modifications	Finish Heights (from waist)	Notes:
<input type="checkbox"/> Left <input type="checkbox"/> Right	Xyphoid: _____ Axilla: _____	
<input type="checkbox"/> Outset Axilla: _____ mm	Pubis: _____ Inf Angle Scap: _____	
<input type="checkbox"/> Inset Axilla: _____ mm	Seat: _____	
<input type="checkbox"/> Posterior Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No	Troch <input type="checkbox"/> Left <input type="checkbox"/> Right	