

BOSTON BRACE 3D ORDER FORM

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

Patient Name: _____

Previous Wearer: Yes No
 If yes, specify Troch/Axillary

Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____

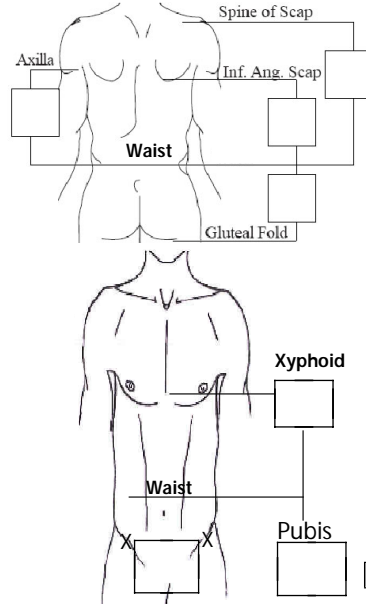
Axillary Extension: Left Right
 Troch Extension: Left Right

**Bivale scans require measurements below

Measurements (cm)

Scan Label: _____

	Circ.	M/L	A/P
Axilla			
Xyphoid			
Waist			
Trochanter			



	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"/> Left <input type="checkbox"/> Right					

CLINICIAN ↑

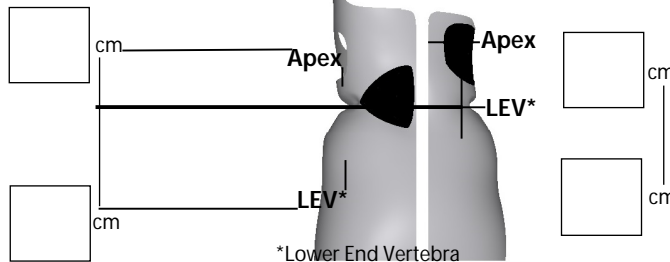
BOSTON O&P ↓

Lumbar / TL

CAD specs determined by Boston O&P

Thoracic Extension

Left Right
 TL Extension: Yes No
 Height cm



Left Right
 Height cm

Axillary Modifications

Left Right
 Outset Axilla: _____ mm
 Inset Axilla: _____ mm
 Posterior Extension: Yes No

Finish Heights (from waist)

Xyphoid: _____ Axilla: _____
 Pubis: _____ Inf Angle Scap: _____
 Seat: _____
 Troch Left Right

Notes: