

BOSTON BRACE 3D ORDER FORM

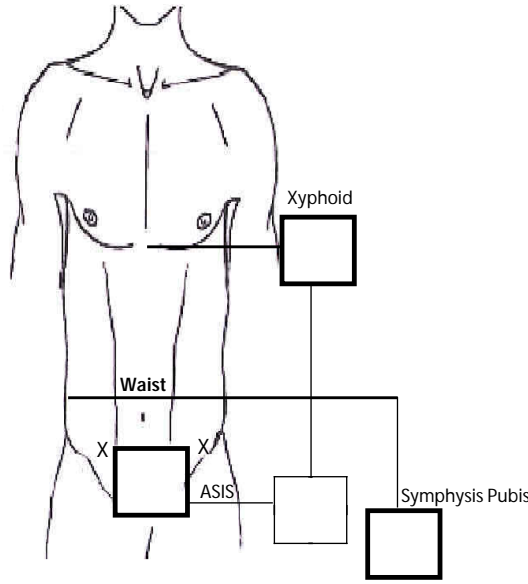
Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Email: _____

Patient Name: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ Diagnosis: _____

Measurements (cm)

| | Circ. | M/L | A/P |
|-------------|-------|-----|-----|
| Axilla | | | |
| Nipple Line | | | |
| Xyphoid | | | |
| Lower Rib | | | |
| Waist | | | |
| ASIS | | | |
| Trochanter | | | |



Scan Label: _____

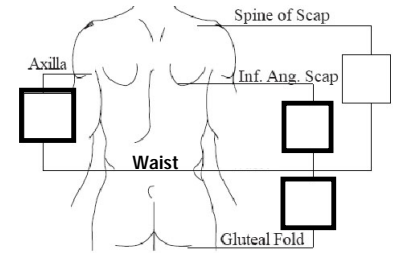


Chart completion **Necessary** for brace fabrication

| | Lumbar / TL | Thoracic |
|------------------------|-------------|----------|
| Apical vertebra | | |
| Cobb angle | | |
| CSL to apical vertebra | | |
| Scoliometer reading | | |

| Abdominal Compression | Lordosis | Liner | Plastic | Transfer |
|--|---------------------------------------|--|--|---------------|
| <input type="checkbox"/> Standard - no compression | <input type="checkbox"/> As-is | <input type="checkbox"/> Standard - 3/16" aliplast | <input type="checkbox"/> Standard - 5/32" copoly | Brace: _____ |
| <input type="checkbox"/> 10° from pt presentation | <input type="checkbox"/> 15° | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | Gusset: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | | |

Lumbar / TL

Left Right

Push Shift

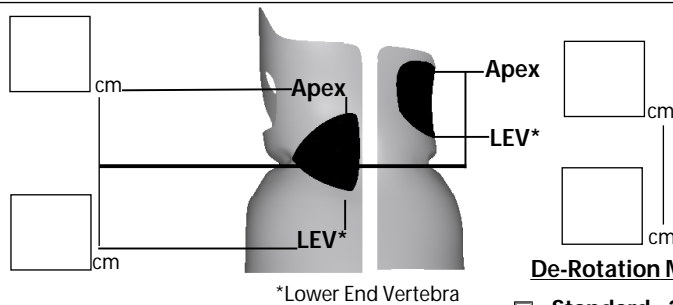
No Push No Shift

10mm 5mm

20mm 10mm

TL Extension: Yes No

Height: _____ cm



Thoracic

Left Right

Push Shift

No Push No Shift

10mm 5mm

20mm 10mm

Thoracic Extension: _____ cm

De-Rotation Mod

Standard - 20mm

Other: _____

Brace Design

Axilla: Left Right

Thoracic Extension: Left Right

Thoracic Window: Left Right

Trochanter Extension: Left Right

Finish Heights (from waist)

Xyphoid: _____ Axilla: _____

Pubis: _____ Inf Angle Scap: _____

Seat: _____

Straps: Standard- White Black

iButton: Standard - Yes No Foam only

Previous Wearer: Yes No

Notes:

| Push Magnitude | | |
|-----------------------|------------------|------------------|
| | 10 mm | 20 mm |
| Cobb Angle | < 30 degrees | > 30 Degrees |
| Rotation | < 10 Scoliometer | > 10 Scoliometer |
| Flexibility | Min/Moderate | High |
| Body - Type | < Moderate BMI | > Moderate BMI |

| Shift Magnitude | | |
|--|--|--|
| No Shift | 5 mm | 10 mm |
| All Vertebral bodies are in contact with the CSL | Less than 1cm distance between the CSL and the apical vertebra | Greater than or equal to 1 cm distance between the CSL and the apical vertebra |