

# BOSTON BRACE 3D ORDER FORM

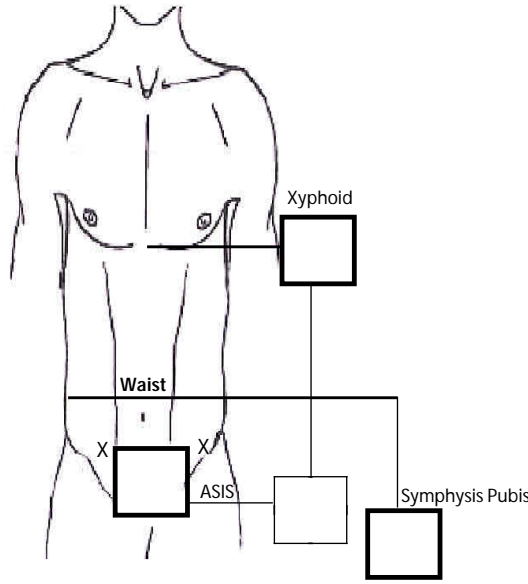
Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

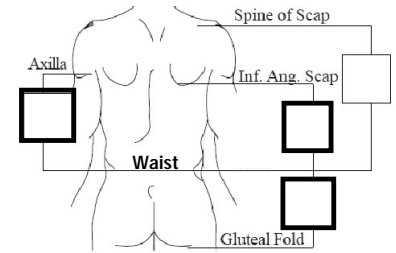


Chart completion **Necessary** for brace fabrication

|                        | 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**

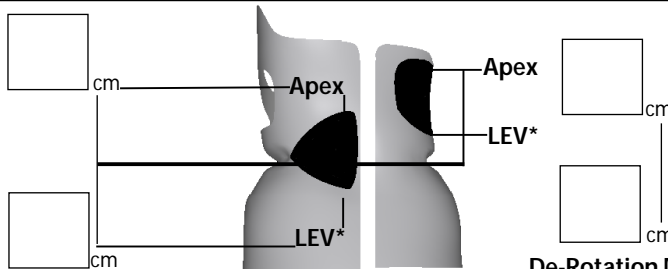
Left  Right

Push      Shift

No Push     No Shift

10mm         5mm

20mm         10mm



**Thoracic**

Left  Right

Push      Shift

No Push     No Shift

10mm         5mm

20mm         10mm

TL Extension:  Yes  No

Height: \_\_\_\_\_ cm

**De-Rotation Mod**

Standard - 20mm

Other: \_\_\_\_\_

**Thoracic Extension:**

Height: \_\_\_\_\_ cm

**Brace Design**

Modified Axilla:  Left  Right

Lateral Height: \_\_\_\_\_

Posterior Height: \_\_\_\_\_

Standard 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_