



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)



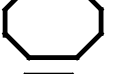
Circ. M/L A/P



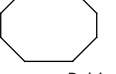
Axilla  



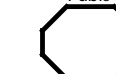
Nipple Line  

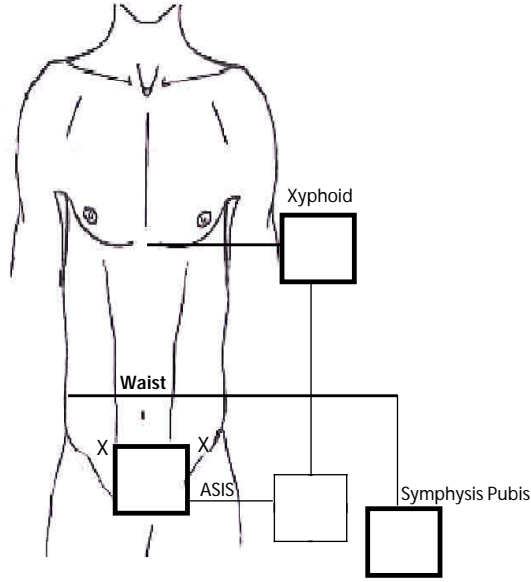
Xyphoid   

Lower Rib  

Waist   

ASIS   

Trochanter    Pubis



Scan Label: _____

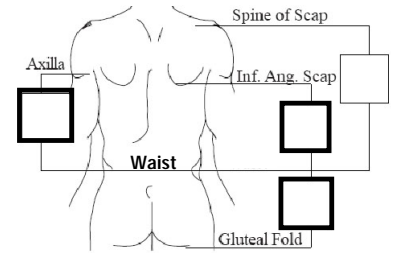


Chart completion **Necessary** for brace fabrication

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

Abdominal Compression Standard - no compression 10° from pt presentation Other: _____

Lordosis As-is 15° Other: _____

Liner Standard - 3/16" aliplast Other: _____

Plastic Standard - 5/32" copoly Other: _____

Transfer Brace: _____ Gusset: _____

Lumbar / TL

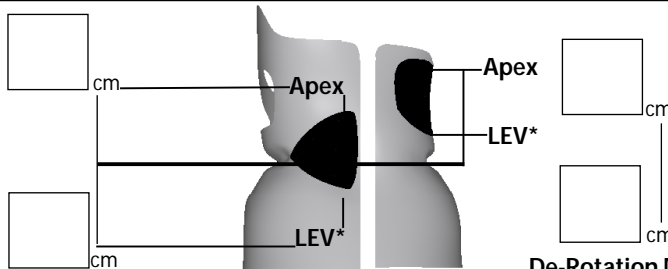
Left Right

Push No Push 10mm 20mm

Shift No Shift 5mm 10mm

TL Extension: Yes No

Height: _____ cm



Thoracic

Left Right

Push No Push 10mm 20mm

Shift No Shift 5mm 10mm

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

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

White Single Silver Double

Quantity: _____

Notes: