

# BOSTON BRACE 3D ORDER FORM


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

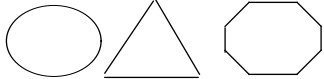
Patient Name: \_\_\_\_\_ Previous Wearer:  Yes  No  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  
 If yes, same design:  Yes  No  
 Scan  Cast If no, complete CAD design section


\*\*Bivale scans require measurements below


### Measurements (cm)

Circ. M/L A/P

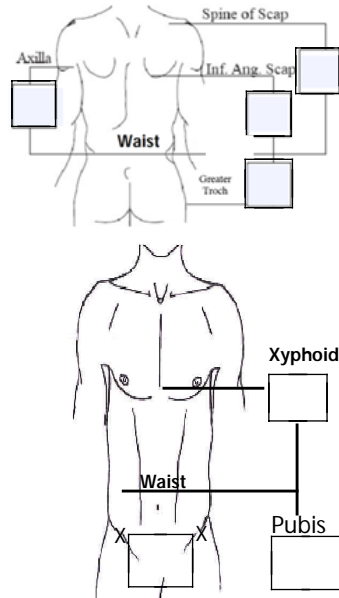
Axilla 

Xyphoid 

Waist 

Trochanter 

ASIS anterior lateral relief



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

	Lumbar/TL	Thoracic
Apical vertebra		
Cobb angle		
Scoliometer reading		

Chart completion **Necessary** for brace fabrication

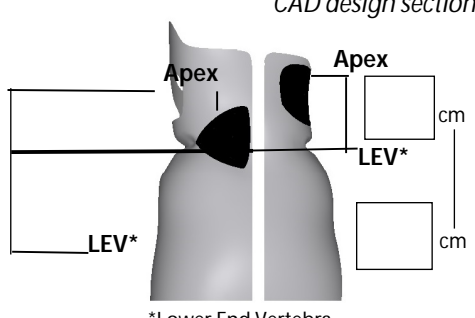
**Scoli T's** (Customer Service will determine the right size for your patient based off the measurements provided)

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

Opening	Liner	Plastic	Transfer	Pads	Straps	Boston Sensor
<input type="checkbox"/> Posterior	<input type="checkbox"/> 3/16" aliplast	<input type="checkbox"/> 5/32" copoly	<u>1ST</u>	<input type="checkbox"/> .5" Installed	<input type="checkbox"/> No <input type="checkbox"/> White	Send Sensor <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	Hole Size For: <input type="checkbox"/> Boston Sensor
<input type="checkbox"/> W/ tongue	<input type="checkbox"/> 1/8" Partial liner		<u>2ND</u>	<input type="checkbox"/> Other: _____		<input type="checkbox"/> iButton
Lumbar Reinforcement: <input type="checkbox"/> Left <input type="checkbox"/> Right						<input type="checkbox"/> No hole

CLINICIAN ↑

BOSTON O&P ↓

Lumbar / TL	CAD design section	Thoracic Extension	Axillary Modifications
<input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>*Lower End Vertebra</p>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Pad Only		Height _____ cm	<input type="checkbox"/> Outset Axilla: _____ mm
TL Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Inset Axilla: _____ mm
Height _____ cm			Posterior Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No

LAB USE ONLY

CAD	OVEN	DESIGN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINISH	PADS	QC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finish Heights (from waist)**

Xyphoid: \_\_\_\_\_ Axilla: \_\_\_\_\_  
 Pubis: \_\_\_\_\_ Inf Angle Scap: \_\_\_\_\_  
 Greater Troch: \_\_\_\_\_  
 Troch  Left  Right

Notes: \_\_\_\_\_