

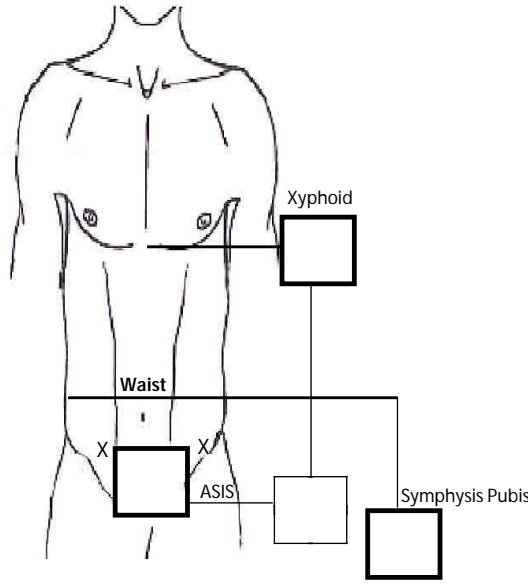
BOSTON BRACE 3D ORDER FORM

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: _____

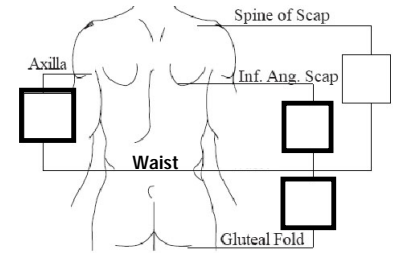


Chart completion **Necessary** for brace fabrication

	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

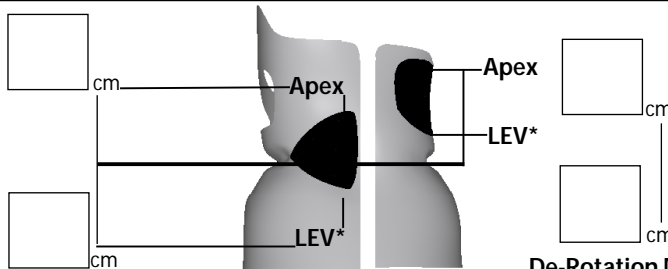
No Push No Shift

10mm 5mm

20mm 10mm

TL Extension: Yes No

Height: _____ cm



Thoracic

Left Right

Push Shift

No Push No Shift

10mm 5mm

20mm 10mm

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:

Push Magnitude			
	No Push	10mm	20mm
Cobb	<25 degrees	<30 degrees	>30 degrees
Rotation	< 6 Scoliometer	<10 Scoliometer	> 10 Scoliometer
Flexibility	High	Min/Moderate	High
Body Type	< Moderate BMI	< 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 1cm distance between the CSL and the apical vertebra