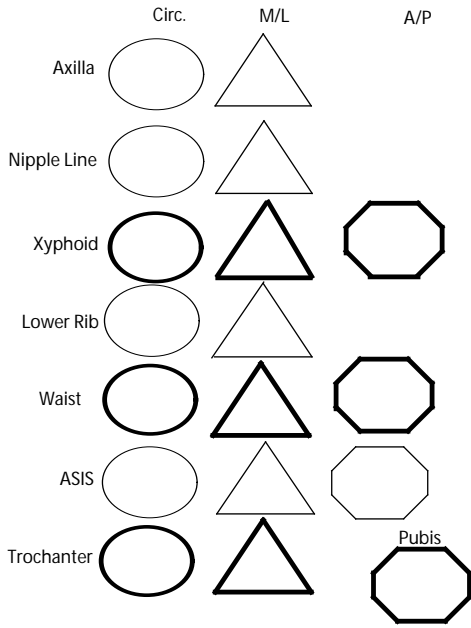


# BOSTON BRACE 3D ORDER FORM

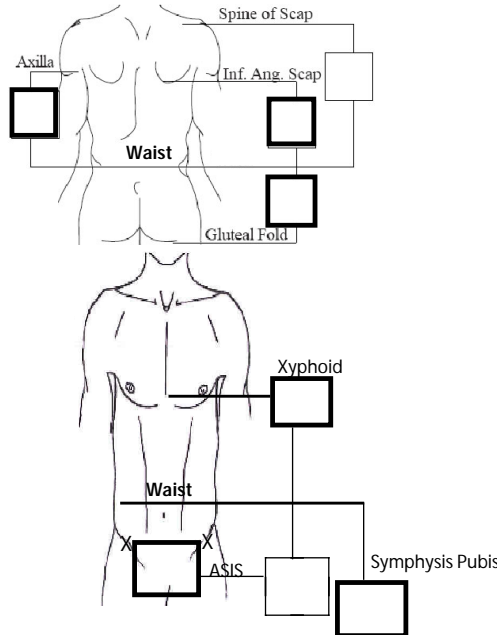
Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Diagnosis: \_\_\_\_\_



### Measurements (cm)



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: \_\_\_\_\_

- | Liner                                   | Plastic                               | Pads                                      | Opening   | Transfer  | Straps                             | iButton |
|---|---------------------------------------|---|---|---|------------------------------------|---------|
| <input type="checkbox"/> 3/16" aliplast | <input type="checkbox"/> 5/32" copoly | <input type="checkbox"/> .5" Installed    | <input type="checkbox"/> Posterior Brace: _____ | <input type="checkbox"/> Std- White                                       | <input type="checkbox"/> Std - Yes |         |
| <input type="checkbox"/> Unlined        | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> .5" un-installed | <input type="checkbox"/> Anterior Gusset: _____ | <input type="checkbox"/> Black  | <input type="checkbox"/> No        |         |
| <input type="checkbox"/> Partial liner  |                                       | <input type="checkbox"/> Other: _____     |   | Previous Wearer: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Foam only |         |

CLINICIAN ↑

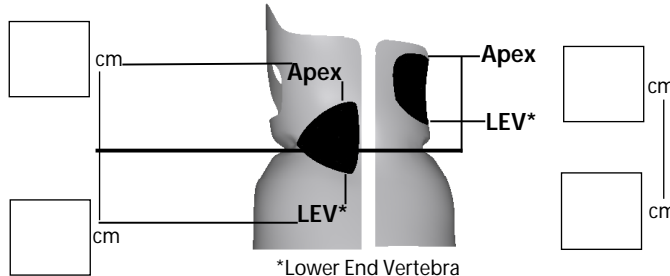
BOSTON O&P ↓

### Lumbar / TL

CAD specs determined by Boston O&P

### Thoracic

- Left  Right  
 TL Extension:  Yes  No  
 Height: \_\_\_\_\_ cm



- Left  Right  
 Height: \_\_\_\_\_ cm

### Axillary Modifications

- Left  Right  
 Outset Axilla: \_\_\_\_\_ mm  
 Inset Axilla: \_\_\_\_\_ mm  
 Lateral Height: \_\_\_\_\_ cm  
 Posterior Extension:  Yes  No

### Finish Heights (from waist)

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

### Notes: