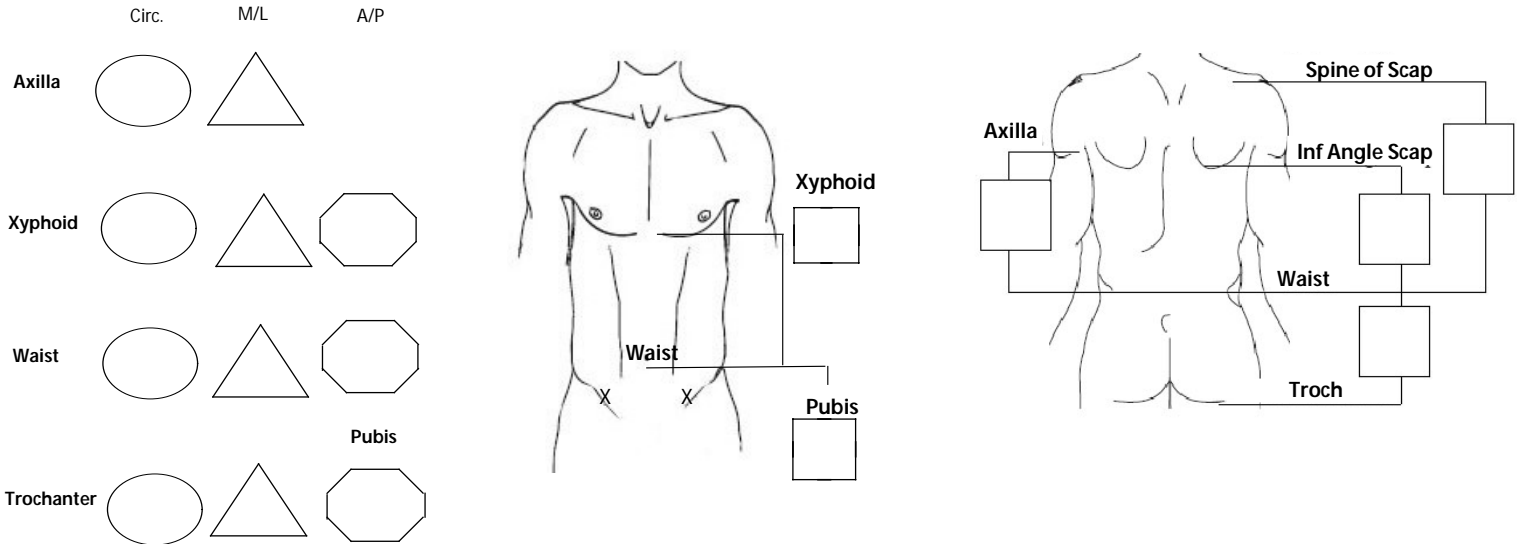


# BOSTON BRACE NIGHT SHIFT

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

Patient Name: \_\_\_\_\_ **Impression**  
 Scan Standing  Cast  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  Measure only  
 Scan Label: \_\_\_\_\_ Previous Wearer:  Yes  No

**Measurements (cm) in Supine**  
 (all linear measures taken from waist)



<p><b>Lordosis</b></p> <input type="checkbox"/> Match scan/cast <input type="checkbox"/> 15 degrees <input type="checkbox"/> Other: _____	<p><b>Abdominal Shape</b></p> <input type="checkbox"/> Neutral <input type="checkbox"/> Match scan/cast Relief: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <small>*if relief is required, please include A/P measures at xyphoid, waist and pubis</small>	<p><b>Materials</b></p> <input type="checkbox"/> 1/8" copoly <input type="checkbox"/> 1/4" aliplast <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<p><b>Transfer</b></p> Brace: _____ Tongue: 1/16" PE <input type="checkbox"/> ATTACHED <input type="checkbox"/> UNATTACHED/SEND
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**Brace Design (Optional)**

**Axilla:**  Left  Right

**Thoracic Extension:**  Left  Right  
 Pad  1/2"  1/4"  
 P  S

**Thoracolumbar:**  Left  Right  
 (APEX L1-T12)  Pad  1/2"  1/4"  
 P  S

**Lumbar:**  Left  Right  
 Pad  1/2"  1/4"  
 P  S

**Trochanter Extension:**  Left  Right  
 Pad  1/4"

**Thoracic Relief:**  Left  Right

**Finish Heights in CM (from waist)**

Anterior	Lateral
Xyphoid: _____	Axilla: _____
Pubis: _____	Thoracic Extension: _____
<b>Posterior</b>	Troch: _____
Inferior Angle Scapula: _____	

**Straps:**  White  Black

**Boston Sensor**  
 Send Sensor  Yes  No  
 Hole Size For:  Boston Sensor  
 iButton  
 No hole

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

White  Single  
 Silver  Double

Quantity: \_\_\_\_\_

**Notes:**