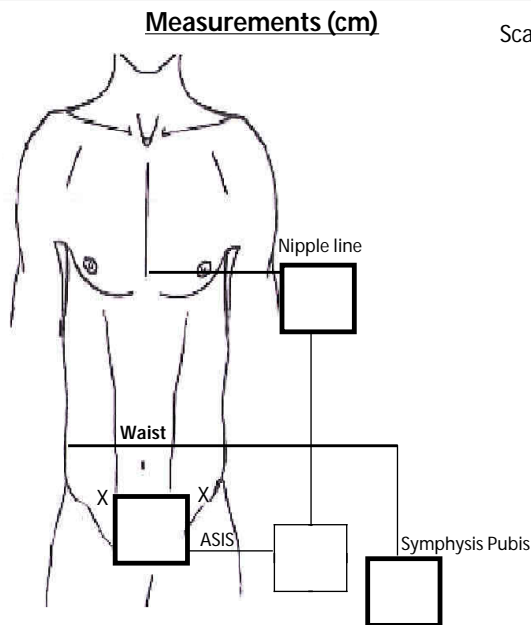
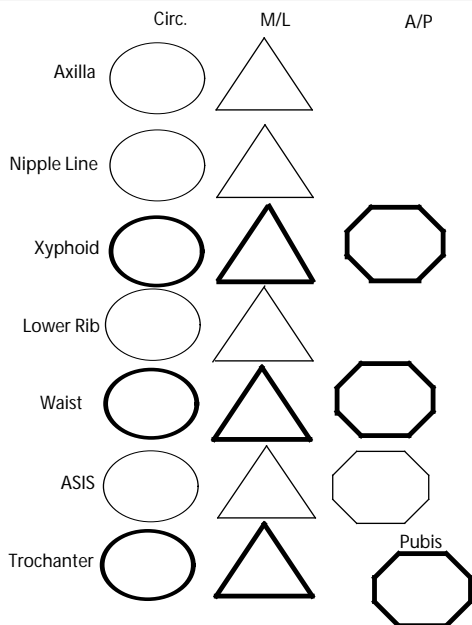


# BOSTON BRACE RC ORDER FORM E TYPE

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

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

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



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

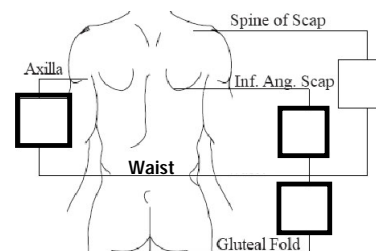
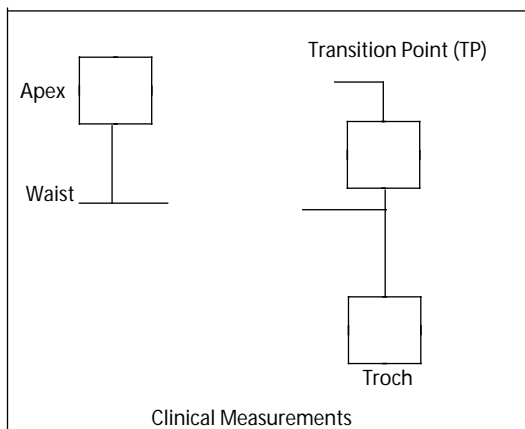


Chart completion **Necessary** for brace fabrication

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



**Plastic**

Standard - 1/8" copoly

Other: \_\_\_\_\_

**Transfer**

Brace: \_\_\_\_\_

**Notes:**

**Brace Design**

E1

E2

TP + 3cm — Bust-line — Apex + 2cm

Troch + 2cm — Pubis

**Finish Heights (from waist)**

**Straps:**  Standard- White  Black

**iButton:**  Standard- Yes  No

Previous Wearer:  Yes  No

