

BOSTON PECTUS COMPRESSION ORTHOSIS ORDER FORM

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

Patient Name: _____ Cast Scan Measurement Only
 Age: _____ Sex: _____ Ht: _____ Wt: _____ Scan Label: _____
 Diagnosis: _____
 Previous Wearer? Yes No

Orthosis Information

Standard 3/16" Polypropelene plates, 1/2" aliplast PAD's, flat plates, ratchet closures, no shoulder straps

Anterior Pad

Plate: Flat plate Contoured plate
 Pad: Aliplast Other: _____
 Thickness: _____ Height: _____ Width: _____

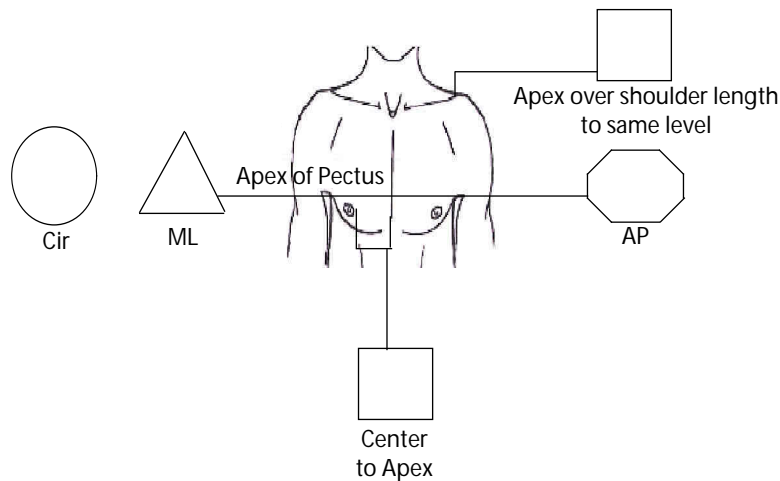
Posterior Pad

Plate: Flat plate Contoured plate
 Pad: Aliplast Other: _____
 Thickness: _____ Height: _____ Width: _____

Closures? Ratchet Leather Velcro
 Shoulder Straps? Yes No

Special instructions or comments:

Measurements



Cast sent for fabrication

Apex Location

- Patient's left
- Patient's right
- Center