

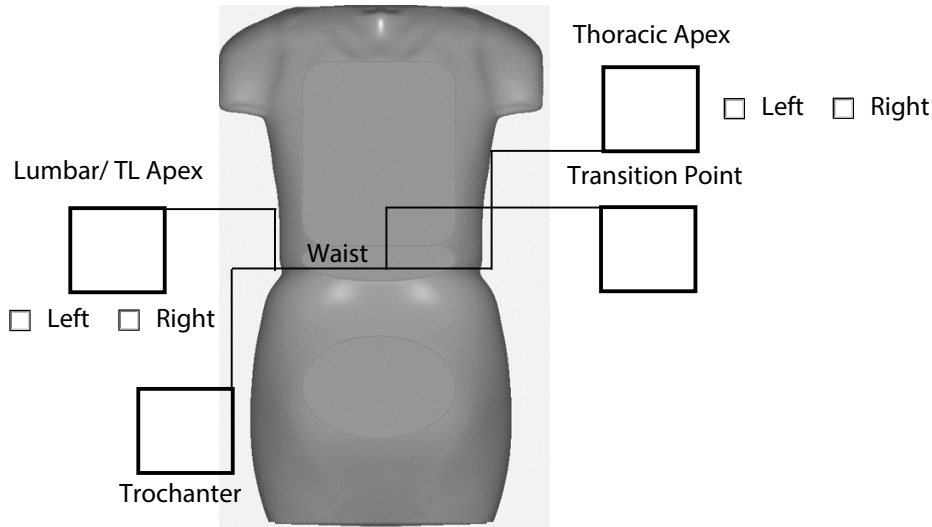
BOSTON BRACE RC ORDER

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

Patient Name: _____ Previous Wearer: Yes No
 If yes, please provide all previous x rays
 Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. 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: _____

Plastic

1/8" copoly
 Other: _____

Transfer

Brace: _____

Straps:

White Black

Boston Sensor

Send Sensor Yes No
 Hole Size Boston Sensor
 iButton
 No hole

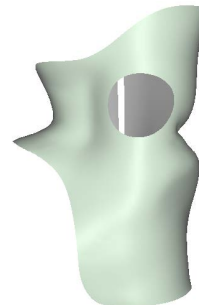
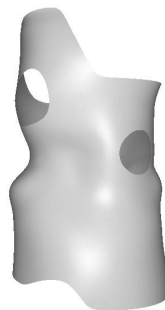
A: Single Thoracic curve/minor or no lumbar compensatory

B: Major lumbar/TL; minor thoracic

C: Single thoracic curve on CSL with no minor or no lumbar curve

E: Single thoracic TL curve

Notes:



A1 (L3 tilted to thoracic apex)
 A2 (L3/L4 horizontal)
 A3 (L2/L3 apex, L4 tilted to lumbar)

B1 (L1/L2 apex)
 B2 (T12 apex)

C1 No lumbar curve
 C2 Lumbar curve on CSL

E1 L2/L1 apex, curve off CSL
 E2 T12 (T11) apex off CSL

Rev. 10 8/21