

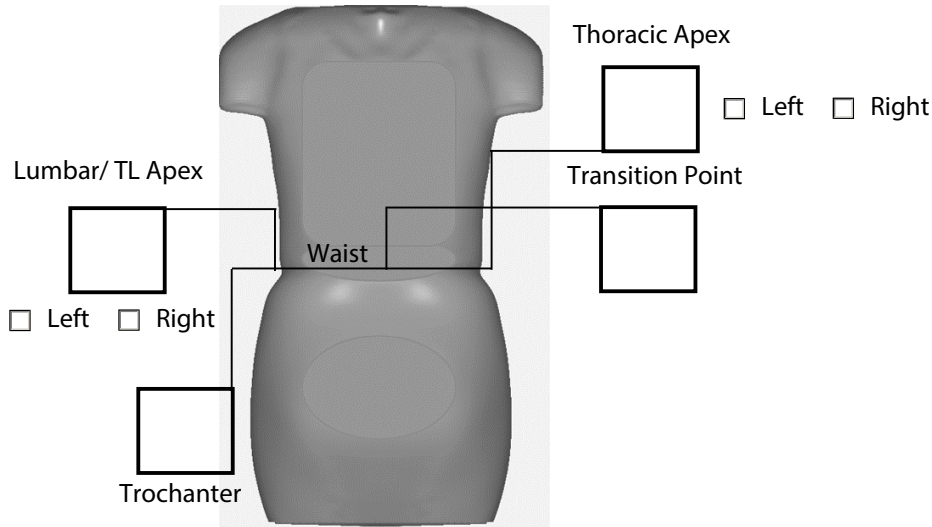
# BOSTON BRACE RC ORDER

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

### iButton

Send iButton  Yes  No

Drill Hole in Plastic  Yes  No

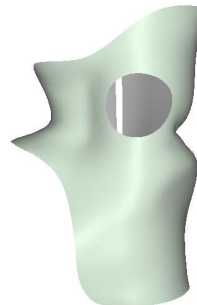
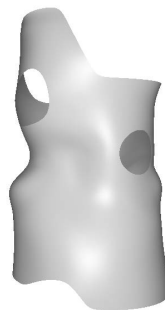
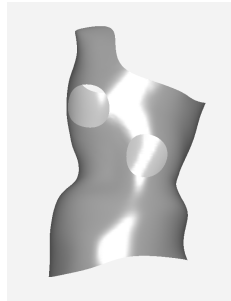
A: Single Thoracic curve/minor or no lumbar compensatory

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. 8 12/20