

BOSTON SOFT SPINAL ORTHOSIS CORRECTIVE

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

Patient Name: _____

Impression
 Scan Cast Measure only
 Reduce to hand measures 3D Mods (Scan Only)

Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____

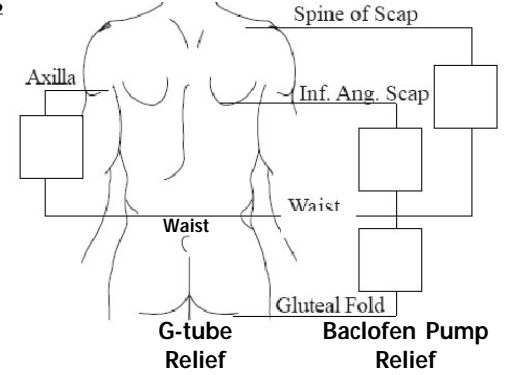
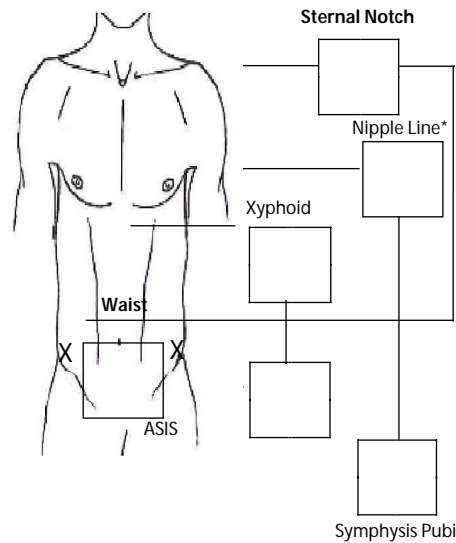
Percent Correction

As Is 25% 50% 75% 100%

Scan Label: _____

	Circ.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			

Measurements (cm) Anatomical LENGTHS taken from waist



Center to Device: _____
 Waist to Device: _____
 Pt's Side: Left Right Left Right
 Cut out
 Build Breasts into orthosis Cup size: _____
*Waist to Nipple Line required for breast buildup

Abdominal Shape

Neutral
 Match scan/cast
 Relief: Small Medium Large

*if relief is required, please include A/P measures at xyphoid, waist and pubis

Abdominal Window

Yes No
 Plastic only
 Foam and plastic

Window Type

Asymmetrical
 Symmetrical

Lordosis

25 degrees
 Match scan/cast
 Other: _____

Kyphosis

25 degrees
 Match scan/cast
 Other: _____

Opening

Posterior
 Anterior
 Tongue: 1/8" Firm

Liner

Inner Soft: 3/16" 1/8" 1/4"
 Outer Firm: 1/8" white
 3/16"
 Foam Color: _____

Structure

External
 Transfer: _____
 Internal
 Other: _____

Plastic

Copoly: 1/8"
 3/32"
 5/32"
 Other: _____

Pads

.5 Installed
 .5 Un-installed
 Other: _____

Straps:

White
 Black

Axillary

Left Right

Thoracic Extension

Left Right

Height

Thoracic Window

Yes No
 Plastic Only
 Foam and plastic

Lumbar/TL

Left Right

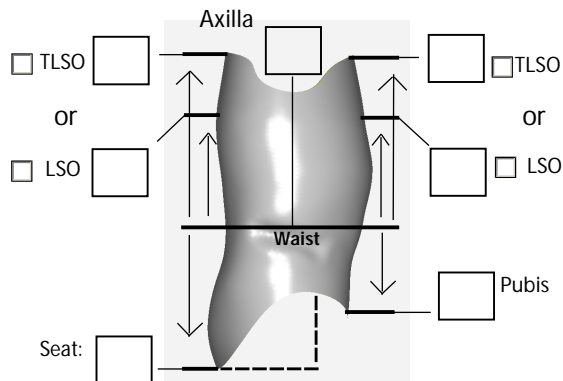
TL Extension

Yes No

Height

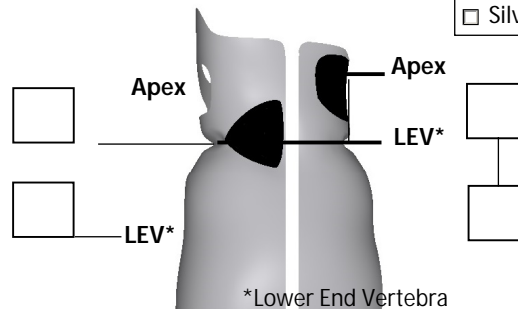
Troch Extension

None Left Right



Finished: Yes No Finish to tech discretion
 If yes, provided finish measurements below in CM

Scoti T's (Customer Service will determine the right size of your patient based off of the measurements provided)
 White Single
 Silver Double Quantity: _____



Notes: