

# Boston Kyphosis Order Form

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ PO #: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Previous Kyphosis Wearer Scan Label: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ht: \_\_\_\_\_ft\_\_\_\_in Wt: \_\_\_\_\_lbs  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## Anatomical Measurements

**Cir. M/L A/P**

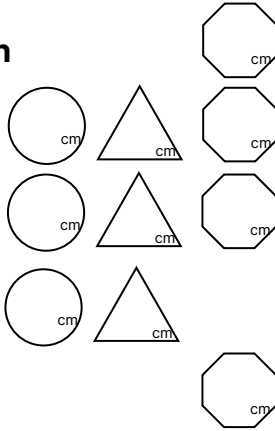
**Sternal Notch**

**Xyphoid**

**Waist**

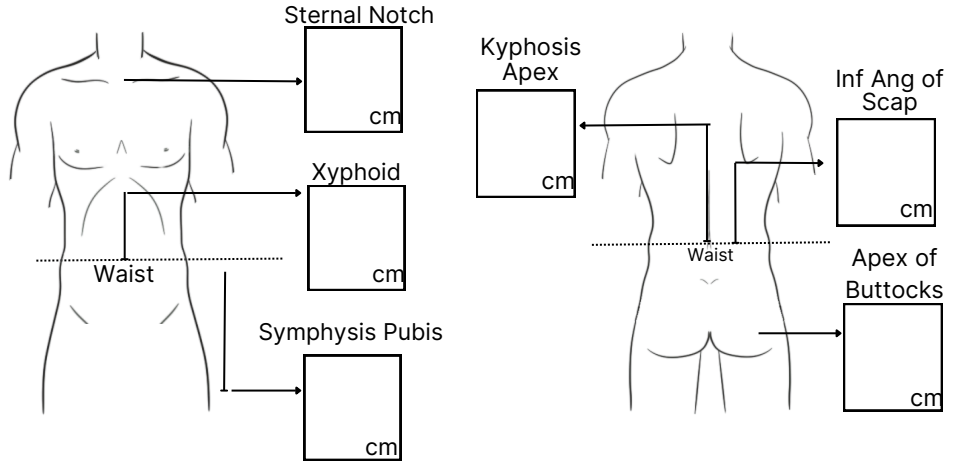
**Trochanter**

**Pubis**



## Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



Anatomical LENGTHS taken from waist

## Brace Design

Lordosis

☐ 15 degrees

☐ Other: \_\_\_\_\_

Abdominal Shape

☐ Neutral

☐ Other: \_\_\_\_\_

Plastic

☐ Copoly sized to model

☐ Other: \_\_\_\_\_

Straps

☐ White

☐ Black

Boston Sensor

☐ Send Sensor

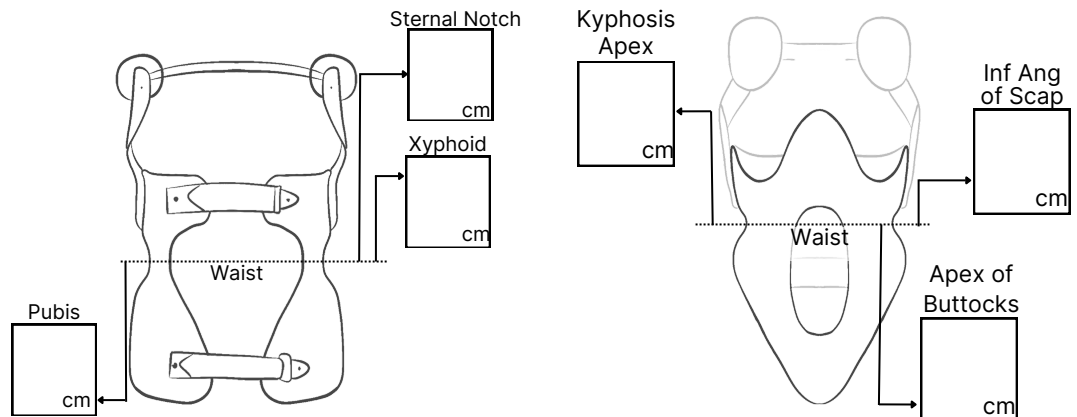
☐ Sensor Hole

Transfer

1st \_\_\_\_\_

2nd \_\_\_\_\_

## Finished Heights



## LAB USE ONLY

CAD	OVEN	DESIGN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINISH	PADS	QC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Scoli Tees

☐ Single

☐ Double

Qty: \_\_\_\_\_

## Notes: