

# BOSTON KYPHOSIS ORDER FORM

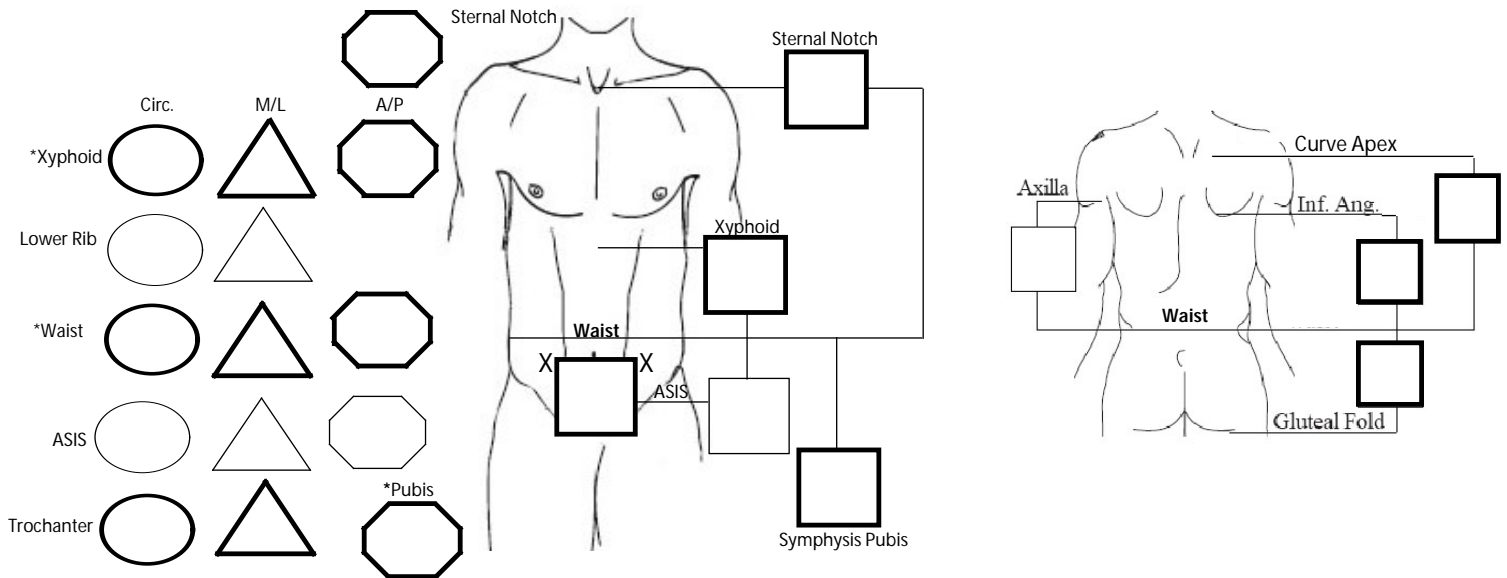
Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ **Impression**  
 Scan  Cast  Measure Only  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs. Diagnosis: \_\_\_\_\_  Reduce to hand measures

\*\*Bivalve scans require measurements below

**Measurements (cm)**  
 (all measures taken from waist)

Scan Label: \_\_\_\_\_



<b>Lordosis</b> <input type="checkbox"/> 15° <input type="checkbox"/> Other: _____	<b>Abdominal Compression</b> <input type="checkbox"/> 10° from neutral <input type="checkbox"/> Neutral <input type="checkbox"/> Other: _____	<b>Abdominal Relief*</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <small>* if relief is required please include A/P measures at xyphoid, waist and pubis.</small>	<b>Plastic</b> <input type="checkbox"/> copoly sized to model <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer: _____
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**Boston Kyphosis Brace**  
 (posterior opening)

Liner  
 3/16" aliplast  
 Other: \_\_\_\_\_

Kyphosis Control  
 Sternal bar  
 Articulating pectoral extensions  
 Cow horns

Pads  
 Installed  
 Uninstalled

**Kyphologic Style Brace**  
 (anterior opening)

Liner - (posterior seat + curve apex trimline only)  
 1/8" aliplast  
 Other: \_\_\_\_\_

Kyphosis Control  
 Cow horns  
 Tongue  
 1/16"PE

**Straps:**  
 White  Black

**iButton:**  
 Send iButton  Yes  No  
 Drill Hole in Plastic  Yes  No  
 Foam cut out only

**Notes:**

**Finish Heights (from waist)**

Sternal Notch or Subclavicular: \_\_\_\_\_ Axilla: \_\_\_\_\_  
 Xyphoid: \_\_\_\_\_ Curve Apex: \_\_\_\_\_  
 Pubis: \_\_\_\_\_ Inf. Angle: \_\_\_\_\_  
 Seat: \_\_\_\_\_

**Finished:**  Yes  No  Finish to tech discretion  
 (If yes, please provide X-ray and complete all fields in **BOLD**)