BOSTON BODY JACKET ORDER FORM

Date:	Due Date:	Contact:
Ship To:	Account:	Phone:
Address:	PO#:	Fax:
City: State: Zip:	Ship Via:	Email:
Patient Information		Orthosis Design
Patient Name:	Body Jacket	Standard 5/32" LD PE, 3/16" liner
Age: Sex: 🔽 Ht: Wt:	Inner Material:	
Diagnosis:		1/8" 3/16" 1/4" LDPE Other:
Previous wearer? Yes No		1/8"
Orthosis Information	Opening:	Anterior Desterior
Finished? Yes No		Bivalve 🗌 Left Lateral 🗌 Right Lateral
Measurement: 🗌 Cast 📋 Scan 🔲 Measure ONLY	Overlaps: 🗌	None Description Butting Smooth Description Tongue
Scan Label:	Options: 🗌	Wide Tongue Glue/ Reinforce Tongue
Color/		Plastic Rivets 🔲 G-Tube Cut Out
transfer:	П	Shoulder Straps 🔲 Adjustable Length Straps
Modifications: As-is 50% Full symmetry		Buckles Posterior 🗌 Extended Buckles
Lordosis: \Box As-is \Box 15° \Box Other:Abdomen Relief: \Box None \Box XS \Box S \Box M \Box L XL		_
Build breast into Orthosis Cup size:	Special Instruc	tions or comments:
Integrated Cuffs Degree Flexion: Joint Type:		
Detatched cuffs Degree Abduction: Joint Size:		
Measurements		
Circ. M/L "Anatomical LENGTHS taken from waist"	u	Draw in Abdominal Relief:
	A/P	(V-) (Y
Axilla		$\left(\left(\left$
	I Notch	
Nipple Line		
\bigcirc \land \land \land \land \land \land \land		
Xyphoid A Performant		Spine of Scap
Xyphoid		
Lower Rib		Ania
Waist		Waist Waist
\bigcirc \land \land \land \land	1	
ASIS X X ASIS		Gluteal Fold
Trochanter	nphysis Pubis	Finished Measurements TLSO LSO
3" distal to Perineum		Axilla Sternal Notch
3" Proximal to KC		Inf. Angle Scap Seat
		Spine of Scap Mid Scapula