

# Boston 3D Order Form

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

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht:(cm) \_\_\_\_\_ Wt:(kg) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

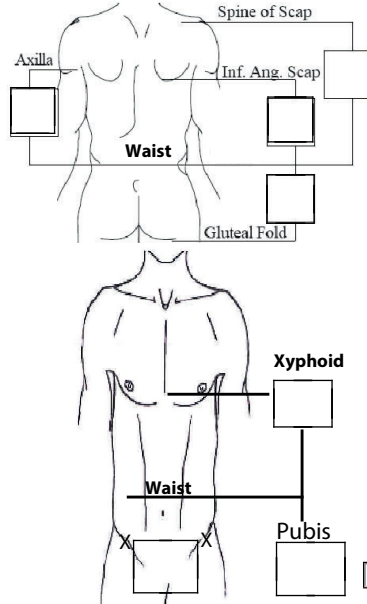
First Time Wearer:  Yes  No  
 If no, specify Troch/Axillary  
 Axillary Extension:  Left  Right  
 Troch Extension:  Left  Right

\*\*Bivalve scans require measurements below

### Measurements (cm)

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

	Circ.	M/L	A/P
Axilla			
Xyphoid			
Waist			
Trochanter			



	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: \_\_\_\_\_

ASIS anterior lateral relief

<p><b>Opening</b></p> <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior Lumbar Reinforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Liner</b></p> <input type="checkbox"/> 3/16" aliplast <input type="checkbox"/> Unlined <input type="checkbox"/> 1/8" Partial liner	<p><b>Plastic</b></p> <input type="checkbox"/> 5/32" copoly <input type="checkbox"/> Other: _____	<p><b>Transfer</b></p> Brace: _____	<p><b>Pads</b></p> <input type="checkbox"/> .5" Installed <input type="checkbox"/> .5" un-installed <input type="checkbox"/> Other: _____	<p><b>Gusset:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>Straps</b></p> <input type="checkbox"/> White <input type="checkbox"/> Black	<p><b>iButton</b></p> Send iButton <input type="checkbox"/> Yes <input type="checkbox"/> No Drill Hole in Plastic <input type="checkbox"/> Yes <input type="checkbox"/> No Foam cut out only <input type="checkbox"/>
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CLINICIAN ↑

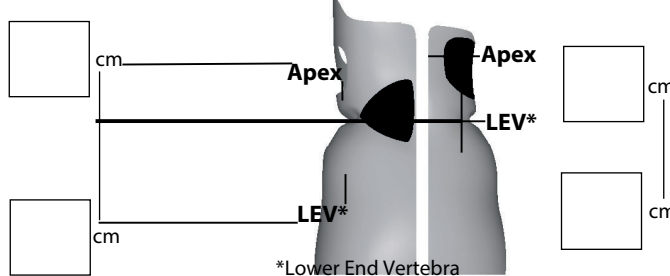
BOSTON O&P ↓

### Lumbar / TL

CAD specs determined by Boston O&P

### Thoracic Extension

Left  Right  
 TL Extension:  Yes  No  
 Height  cm



Left  Right  
 Height  cm

### Axillary Modifications

Left  Right  
 Outset Axilla: \_\_\_\_\_ mm  
 Inset Axilla: \_\_\_\_\_ mm  
 Posterior Extension:  Yes  No

### Finish Heights (from waist)

Xyphoid: \_\_\_\_\_ Axilla: \_\_\_\_\_  
 Pubis: \_\_\_\_\_ Inf Angle Scap: \_\_\_\_\_  
 Seat: \_\_\_\_\_  
 Troch  Left  Right

### Notes:

Rev. 40 7/20