Boston Night Shift 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: _____

Scan Label: _____

Impression

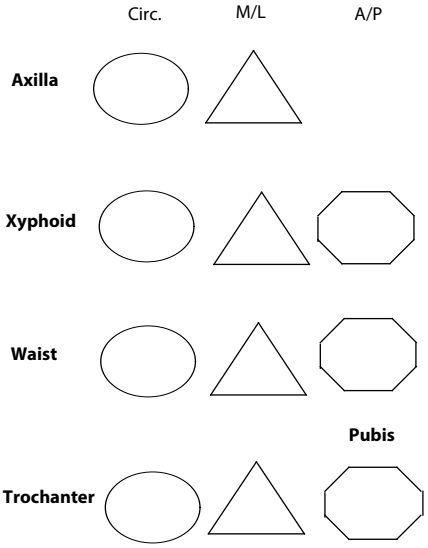
☐ Scan Standing ☐ Cast

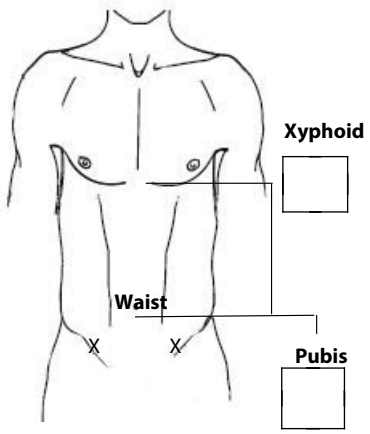
☐ Measure only

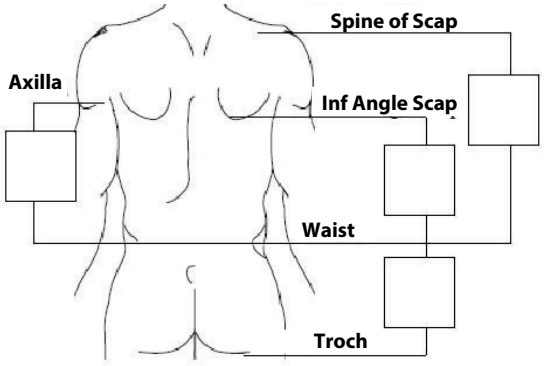
Previous Wearer: ☐ Yes ☐ No

Measurements (cm) in Supine

(all linear measures taken from waist)







Lordosis

☐ **Match scan/cast**

☐ 15 degrees

☐ Other: _____

Abdominal Shape

☐ Neutral

☐ Match scan/cast

Relief: ☐ Small ☐ Medium ☐ Large

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

Materials

☐ **1/8" copoly** ☐ **1/4 "aliplast**

☐ Other: ☐ Other:

_____ _____

Transfer

Brace: _____

☐ Tongue: **1/16" PE**

Brace Design

Axilla: ☐ Left ☐ Right

Thoracic Extension: ☐ Left ☐ Right

☐ Pad ☐ 1/2" ☐ 1/4"

P ☐ S ☐

Lumbar: ☐ Left ☐ Right

☐ Pad ☐ 1/2" ☐ 1/4"

P ☐ S ☐

Trochanter Extension: ☐ Left ☐ Right

Thoracic Relief: ☐ Left ☐ Right

Finish Heights in CM (from waist)

Anterior

Xyphoid: _____

Pubis: _____

Posterior

Inferior Angle Scapula _____

Lateral

Axilla: _____

Thoracic Extension: _____

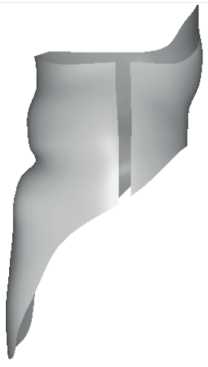
Troch: _____

Straps: ☐ **White** ☐ Black

iButton Send iButton ☐ **Yes** ☐ No

Drill Hole in Plastic ☐ **Yes** ☐ No

Foam cut out only ☐



Scoli T's (Customer Service will determine the right size for your patient based off the measurements provided)

☐ White ☐ Single

☐ Silver ☐ Double

Quantity: _____

Notes:

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Embreis AB | Tumstocksvägen 11 A | S-187 66 Täby | Stockholm | Sweden T: +46(0)8 410 621 00 F: +46(0)8 410 621 01 Email: order@embreis.com