






















Boston Soft Spinal Orthosis Corrective Order Form

Date: _____ Due Date: _____ PO #: _____ Contact: _____
 Ship To: _____ Ship Via: _____ Email: _____
 Address: _____ Account #: _____ Phone: _____
 City: _____ State: _____ Zip: _____ ☐ Previous SSO Corrective Wearer Scan Label: _____

Patient Name: _____ Ht: _____ m _____ cm Wt: _____ kg
 Age: _____ Sex: _____ Diagnosis: _____

Anatomical Measurements

	Cir.	M/L	A/P
Axilla			
Nipple Line			
Xyphoid			
Lower Rib			
Waist			
ASIS			
Trochanter			

Sternal Notch
Pubis

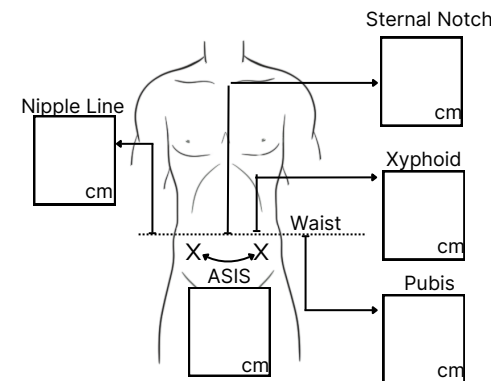
Shape Capture

☐ Scan ☐ Cast ☐ Measure Only

☐ 3D Mods

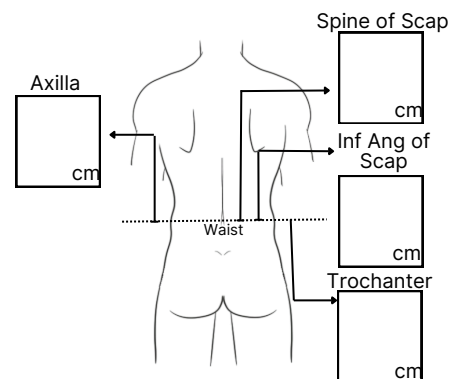
Percent Symmetry

☐ As Is ☐ 25% ☐ 50% ☐ 75% ☐ 100%



	G-Tube Relief	Baclofen Pump Relief
Waist to Device	_____ cm	_____ cm
Center to Device	_____ cm	_____ cm
PT's Side	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cut Out	<input type="checkbox"/> Left <input type="checkbox"/> Right

☐ Build Breasts into orthosis
Cup Size: _____



Anatomical LENGTHS taken from waist

Brace Design

Opening

☐ Posterior

☐ Anterior

w/Tongue
1/8" Firm

Liner

Inner Soft:

☐ 3/16"

☐ Other: _____

Outer Firm: 1/8"

Foam Color:

☐ White

☐ Other: _____

Pink, Blue, Bright Green, Red

Plastic

☐ 1/8" Copoly

☐ Other: _____

Transfer

1st _____

2nd _____

Abdominal Shape

☐ Neutral

☐ Other: _____

Lordosis

☐ 25 degrees

☐ Match scan/cast

☐ Other: _____

Abdominal Window

☐ Foam and plastic

☐ Plastic only

Kyphosis

☐ 25 degrees

☐ Match scan/cast

☐ Other: _____

Window Type

☐ Asymmetrical

☐ Symmetrical

Straps

☐ White

☐ Black

Boston Sensor

☐ Send Sensor

☐ Sensor Hole

Finished Thoracic Window

☐ Yes

☐ No

☐ Plastic only

☐ Foam and plastic

Troch Ext. Thoracic Ext.

☐ Left

☐ Right

☐ Left

☐ Right

Height: _____

Lumbar

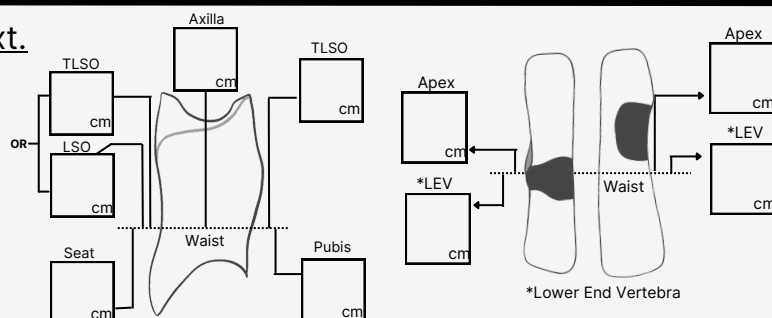
☐ Left

☐ Right

Axillary

☐ Left

☐ Right



Pads

☐ .5 Installed

☐ .5 Un-installed

☐ Unfinished

TL Ext.

☐ Left

☐ Right

Height: _____

LAB
USE
ONLY

CAD

☐

FINISH

☐

OVEN

☐

PADS

☐

DESIGN

☐

QC

☐

Scoli Tees

☐ Single

☐ Double

Qty: _____

Notes: