Boston 3D Order Form

eMBREIS

Date:_____ Due Date:_____ PO #:_____ Contact:_____

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐Previous 3D Wearer Scan Label:_____

Patient Name:_____ Ht:____m____cm Wt:____kg

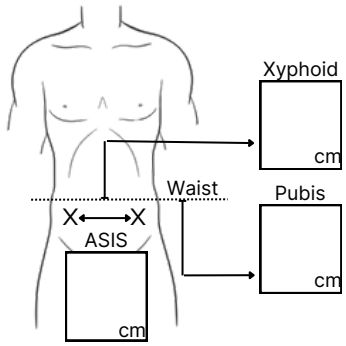
Age:_____ Sex:_____ Diagnosis:_____

**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

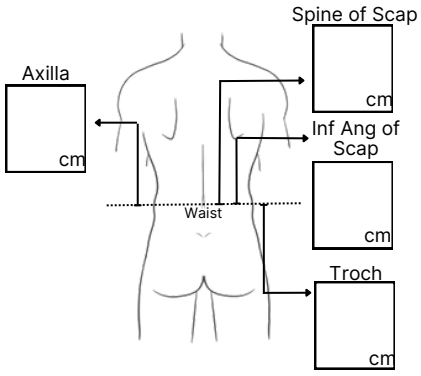
Anatomical Measurements

*All measurements required for BIVALVE SCANS

	Cir.	M/L	A/P
Axilla	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm



☐ASIS Anterior lateral relief



Brace Design

Opening
☐**Posterior**
☐Anterior w/tongue

Liner
☐**3/16" Aliplast**
☐Unlined
☐1/8" Partial Liner

Plastic
☐**5/32" Copoly**
☐Other:_____

Straps
☐**White**
☐Black

Pads
☐**.5" Installed**
☐.5" Un-Installed
☐Unfinished Pads

☐Gusset

Lumbar Reinforcement
☐Left ☐Right

Transfer
1st_____
2nd_____

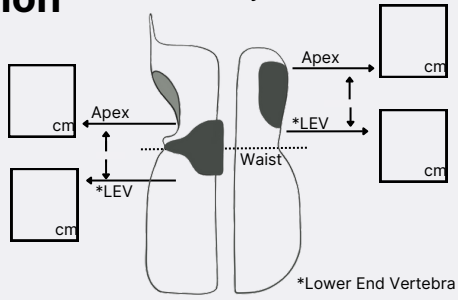
Boston Sensor

☐Send Sensor
☐Sensor Hole

CAD Design Section (OPSB Staff Only)

Lumbar/TL
☐Left ☐Right
☐Pad Only

☐TL Extension
Height_____cm



Thoracic Extension
☐Left ☐Right
Height_____cm

☐4-5 Pad
☐TL Window

Axillary Modifications
☐Left ☐Right
☐Outset Axilla : _____mm
☐Inset Axilla : _____mm

☐Posterior Extension

LAB USE ONLY

CAD	OVEN	DESIGN
FINISH	**PADS**	**QC**

Finished Heights *from waist

Xyphoid:____cm Axilla:____cm

Pubis:____cm Inf Ang Scap:____cm

Trochanter:____cm

☐Left ☐Right

Scoli Tees

☐Single ☐Double Qty:_____

Notes:

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