

Boston Kyphosis Order Form



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

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

Anatomical Measurements

Cir. M/L A/P

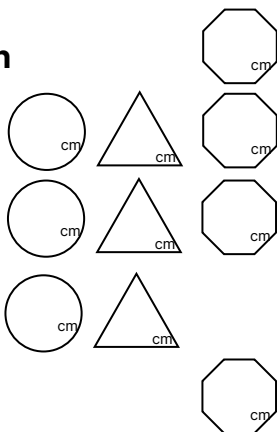
Sternal Notch

Xyphoid

Waist

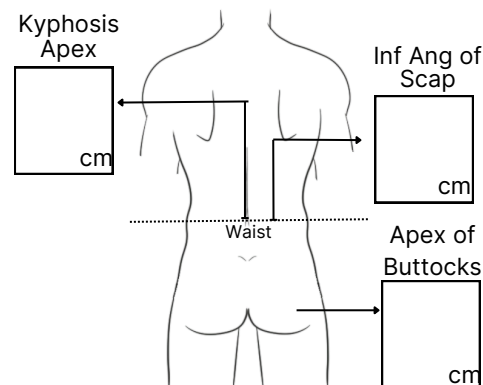
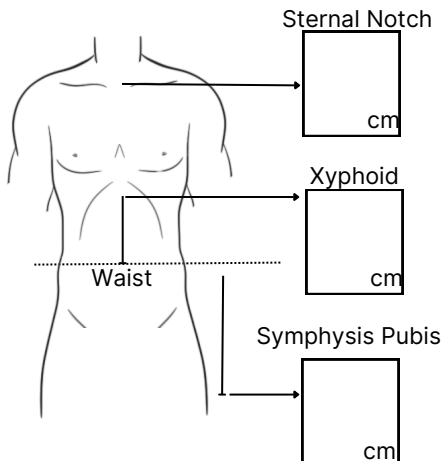
Trochanter

Pubis



Shape Capture

☐ Scan ☐ Cast ☐ Measure Only



Anatomical LENGTHS taken from waist

Brace Design

Lordosis

☐ 15 degrees
☐ Other: _____

Abdominal Shape

☐ Neutral
☐ Other: _____

Plastic

☐ Copoly sized to model
☐ Other: _____

Straps

☐ White
☐ Black

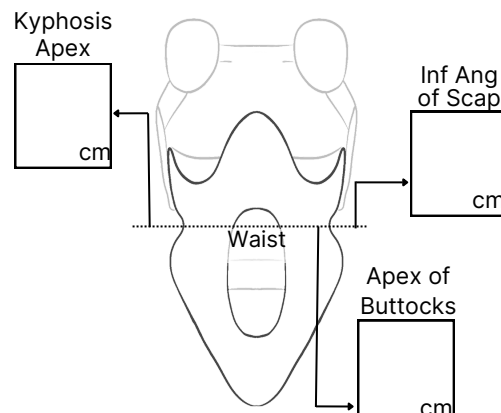
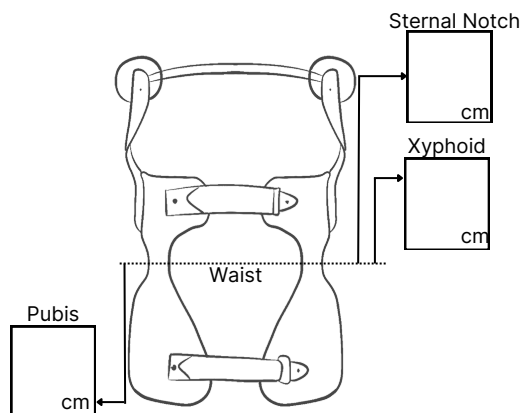
Boston Sensor

☐ Send Sensor
☐ Sensor Hole

Transfer

1st _____
 2nd _____

Finished Heights



LAB USE ONLY

CAD OVEN DESIGN
 FINISH PADS QC

Scoli Tees

☐ Single
☐ Double
 Qty: _____

Notes: