Boston Baby Order Form

eMBREIS

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

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Boston Baby Wearer Scan Label:_____

Patient ID:_____ Ht:_____ cm Wt:_____ kg

Age:_____ Sex:_____ Diagnosis:_____

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

Anatomical Measurements

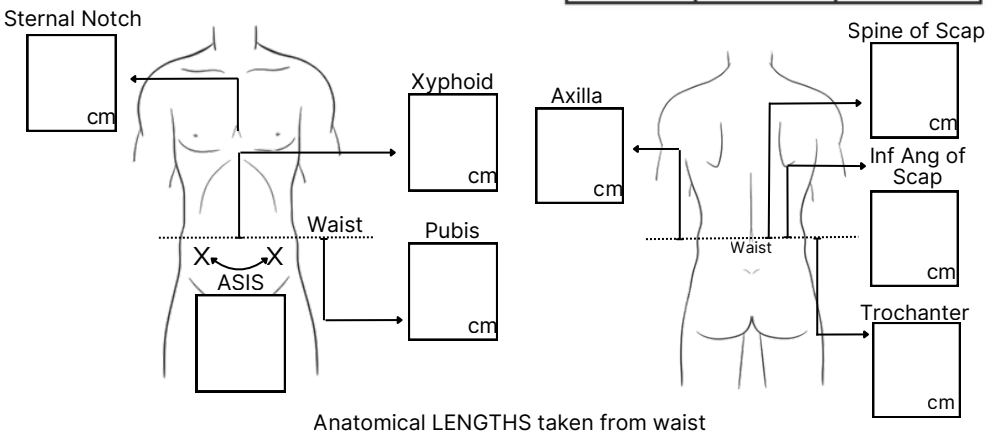
All measurements required

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

☐ ASIS Anterior lateral relief

Shape Capture

☐ Scan ☐ Cast



Anatomical LENGTHS taken from waist

Brace Design

Liner

☐ **3/16" Aliplast**

☐ Other:_____

Plastic

☐ **1/8" Copoly**

☐ Other: _____

Transfer

1st_____

2nd_____

Stock Transfers Only @ OPSB.com/customize-your-brace

Straps

☐ **White**

☐ Black

Pads

☐ **.5" Installed**

☐ .5" Un-Installed

☐ Unfinished Pads

OPSB™ Sensor

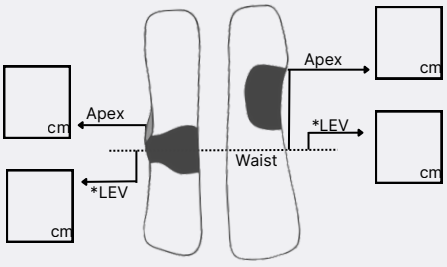
☐ Send Sensor

☐ Sensor Hole

CAD Design Section

Lumbar/TL

☐ Left ☐ Right



*Lower End Vertebra

Thoracic Extension

☐ Left ☐ Right

Height_____cm

Axillary Modifications

☐ Left ☐ Right

Scoli Tees

☐ Single

☐ Double

Qty: _____

Finished Heights

(from waist)

Sternal Notch _____cm

Pubis: _____cm

☐ OPSB Trim

☐ Customer Trim

Spine of Scap_____cm

Axilla _____cm

Trochanter: _____cm

(Bilateral trochs are standard)

Notes:

Boston Brace International, Inc. ("Boston O&P") is a company that is part of the OP Specialty Bracing division

Embreis AB Tumstocksvägen 11B S-18766 Stockholm, Täby, Sweden order@embreis.com