Boston Kyphosis Order Form

eMBREIS

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

Ship To:_____ Ship Via:_____ Email:_____

Address:_____ Account #:_____ Phone:_____

City:_____ State:_____ Zip:_____ ☐ Previous Kyphosis Wearer Scan Label:_____

Patient ID:_____ Ht:_____cm Wt:_____kg

Age:_____ Sex:_____ Diagnosis:_____

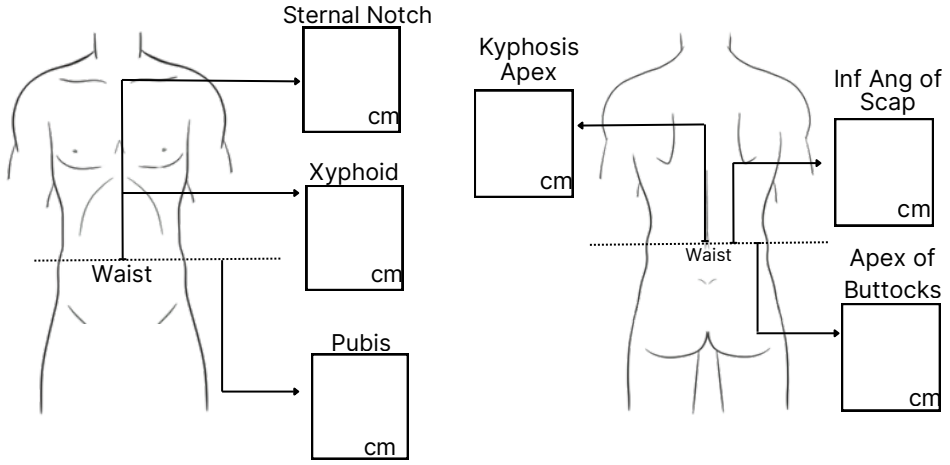
Anatomical Measurements

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

Shape Capture

☐ Scan ☐ Cast ☐ Measure Only*

**All measurements required*



Anatomical LENGTHS taken from waist

Brace Design

Lordosis
☐ **15 degrees**
☐ Other: ____

Abdominal Shape
☐ **Neutral**
☐ Other: _____

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

Plastic
☐ **Copoly sized to model**
☐ Other: _____

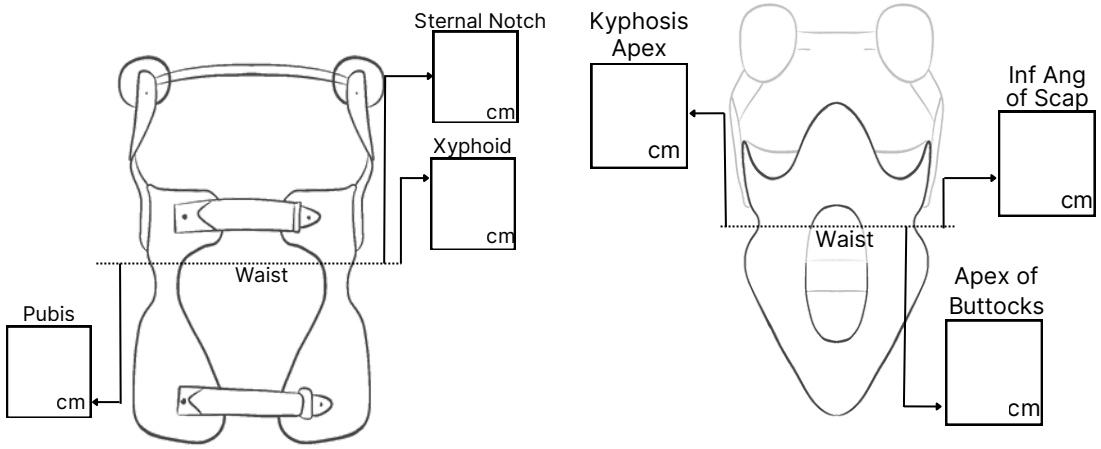
Transfer
1st_____
2nd_____

Straps
☐ **White**
☐ Black

OPSB™ Sensor
☐ Send Sensor
☐ Sensor Hole

Finished Heights

☐ OPSB Trim
☐ Customer Trim



Scoli Tees

☐ Single
☐ Double

Qty:_____

Notes:

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

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