

BOSTON KYPHOSIS ORDER FORM

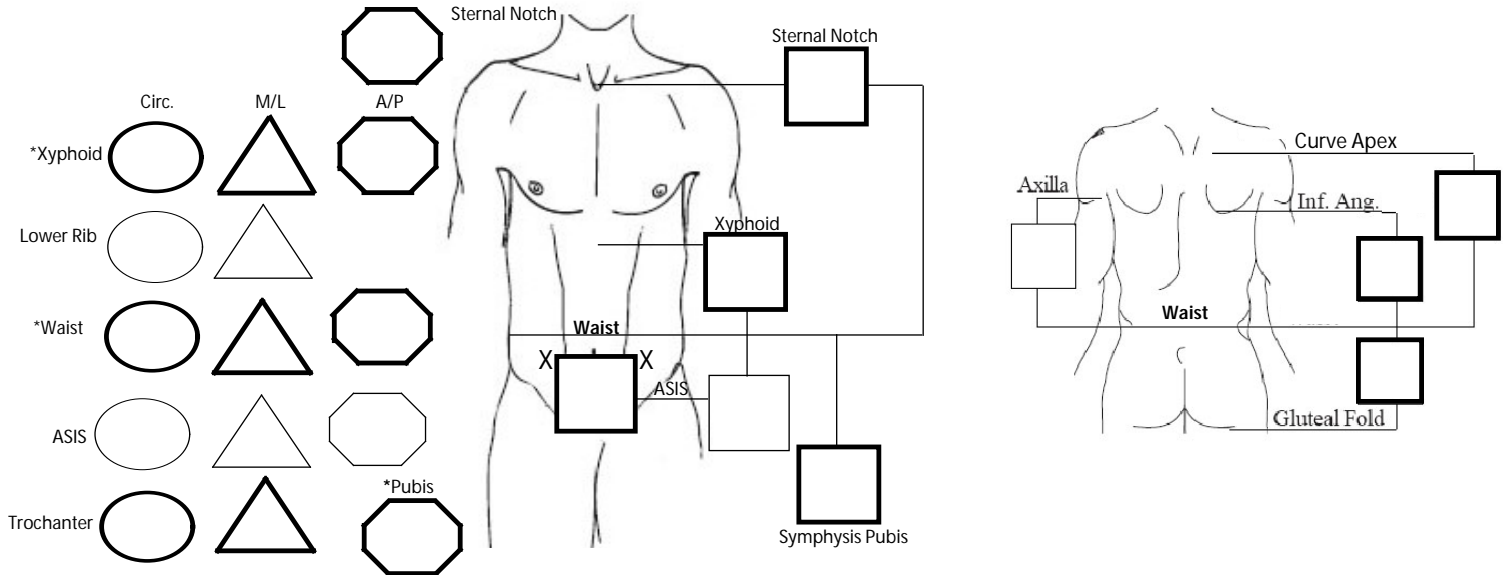
Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Email: _____

Patient Name: _____ **Impression**
 Scan Cast Measure Only
 Age: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs. Diagnosis: _____ Reduce to hand measures

**Bivalve scans require measurements below

Measurements (cm)
 (all measures taken from waist)

Scan Label: _____



Lordosis <input type="checkbox"/> 15° <input type="checkbox"/> Other: _____	Abdominal Compression <input type="checkbox"/> 10° from neutral <input type="checkbox"/> Neutral <input type="checkbox"/> Other: _____	Abdominal Relief* <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <small>* if relief is required please include A/P measures at xyphoid, waist and pubis.</small>	Plastic <input type="checkbox"/> copoly sized to model <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer: _____
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Boston Kyphosis Brace
 (posterior opening)

Liner
 3/16" aliplast
 Other: _____

Kyphosis Control
 Sternal bar
 Articulating pectoral extensions
 Cow horns

Pads
 Installed
 Uninstalled

Kyphologic Style Brace
 (anterior opening)

Liner - (posterior seat + curve apex trimline only)
 1/8" aliplast
 Other: _____

Kyphosis Control
Cow horns

Tongue
 1/16"PE

Straps:
 White Black

iButton:
 Send iButton Yes No
 Drill Hole in Plastic Yes No
 Foam cut out only

Notes:

Finish Heights (from waist)

Sternal Notch or Subclavicular: _____ Axilla: _____
 Xyphoid: _____ Curve Apex: _____
 Pubis: _____ Inf. Angle: _____
 Seat: _____

Finished: Yes No Finish to tech discretion
 (If yes, please provide X-ray and complete all fields in **BOLD**)