

Date: _____

P.O. _____

Ship To: _____

Patient Information

Name: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Does the patient have a pendulous Abdomen? No Small Medium Large Extra Large

Brace Type: Boston Scoliosis Boston Overlap Flexaform
 B.S.B.J. (Removable Stays) B.S.B.J. (Permanent Stays/ Frame) Boston Body Jkt.

Finished? Yes No Lining: 1/8 3/16 1/4

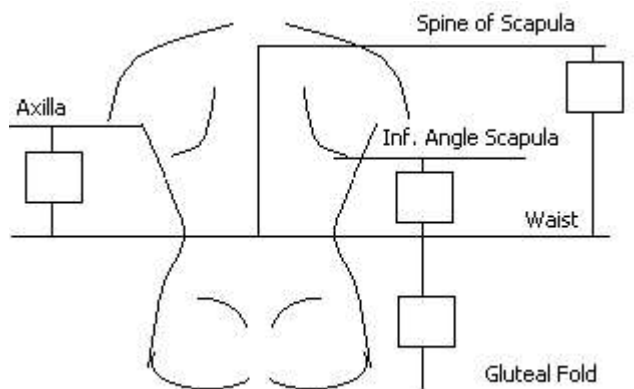
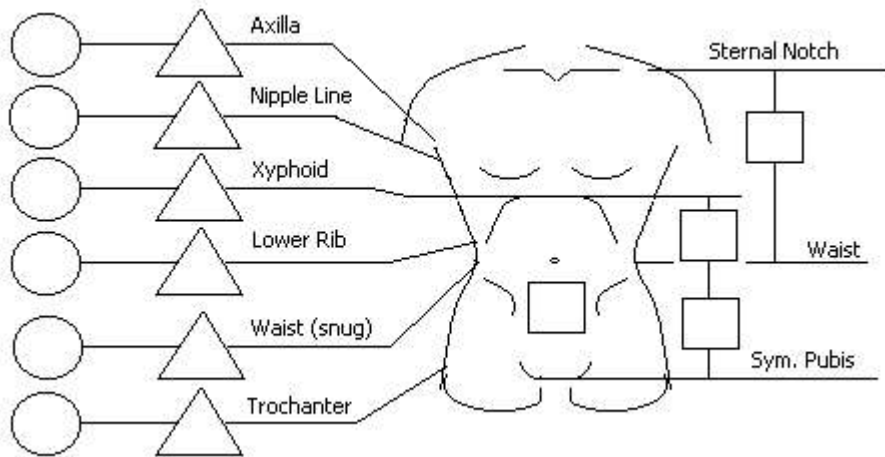
Degree of Lordosis: _____ Type of Material _____ Thickness _____ Colour _____

Opening: Anterior Posterior Left Lateral Right Lateral Bi-Valve

Overlap: Butting Smooth

Are Breasts built into the brace? Yes No Bra Cup Size _____ Waist to Nipple Line _____

Remarks: _____



Finishing Measurements
 Finish To LSO TLSO
 Waist-Pubis _____
 Waist- Xyphoid _____
 Waist -Axilla _____
 Waist -Stern.Notch _____
 Waist -Inferior Angle _____
 Waist -Spine Scapula _____
 Waist -Seat _____
 Drafted By: _____