Body Jacket Measurement Form

Date: _____

Acct #:_____Ship Via:_____Requested Due Date:_____

P.O. #:_____Phone/Cell:_____Contact: _____

Ship To:_____

Address:_____City:_____State:_____Zip:_____

Patient Information

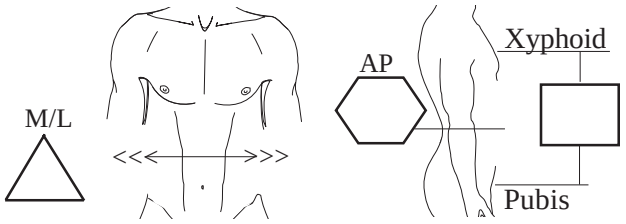
Patient Name:_____

Age:_____Sex:_____ Ht:_____ Wt:_____

Diagnosis:_____

Does orthosis require abdominal relief? ☐ Yes ☐ No

☐ Slight ☐ Small ☐ Medium ☐ Large ☐ X-Large



Please draw shape of abdominal relief

Brace Information

Finished? ☐ Yes ☐ No

☐ **Use Standard Material:** 5/32 LDPE,3/16" Liner

Cast: ☐ Yes ☐ No - ☐ Make Symmetrical ☐ As Is

☐ Reduce Describe:_____

° **of Lordosis:**_____**Material:**_____**Thickness:**_____**Color:**_____

Lining: ☐ Unlined ☐ 1/8" ☐ 3/16" ☐ 1/4"

Opening: ☐ Anterior ☐ Posterior ☐ Bivalve ☐ Left Lateral ☐ Right Lateral

Overlaps: ☐ Butting ☐ Smooth ☐ Tongue ☐ None

Are Breasts Built into Brace? ☐ Yes ☐ No Bra Cup Size:_____ Waist to Nipple Line:_____

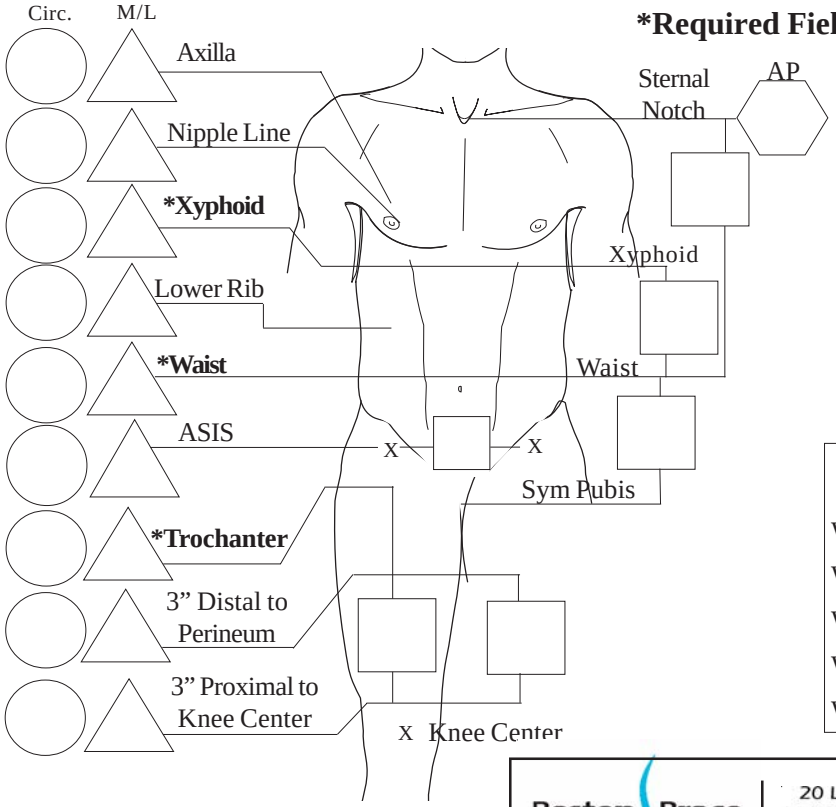
Boston Hip Spica Extremity Specifications:

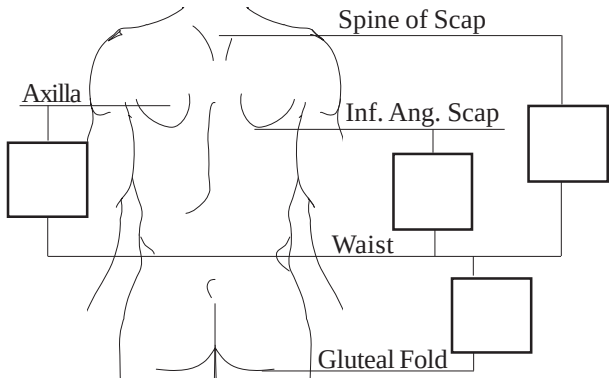
Integrated Cuff(s): ☐ Left ☐ Right ☐ Bilateral ° of Flexion:_____ ° of Abduction:_____

Detached Cuff(s): ☐ Left ☐ Right ☐ Bilateral Joint Type:_____ Joint Size:_____

Remarks:_____

Required Fields





Finished Measurements

Finish to: ☐ **LSO** ☐ **TLSO**

Waist to Pubis:_____ Waist to Xyphoid:_____

Waist to Axilla:_____ Waist to Sternal Notch:_____

Waist to Inf Angle:_____ Waist to Seat:_____

Waist to Mid Chest:_____ Waist to Mid Scap:_____

Waist to Spine of Scap:_____

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