

SOFT BODY JACKET MEASUREMENT FORM

Date: _____

Acct #: _____ Ship Via: _____ Requested Due Date: _____

P.O. #: _____ Phone/Cell: _____ Contact: _____

Ship To: _____

Address: _____ City: _____ State: _____ Zip: _____

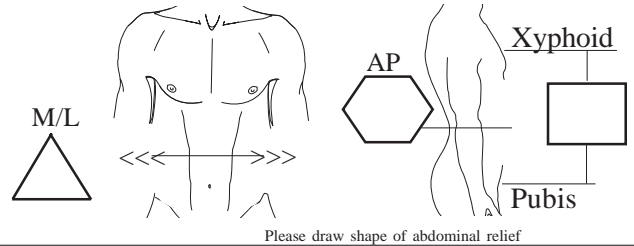
PATIENT INFORMATION

Patient Name: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____

Diagnosis: _____

Does orthosis require abdominal relief? Yes No
 Slight Small Medium Large X-Large



BRACE INFORMATION

Finished? Yes No

Cast: Yes No - Make Symmetrical As Is

Choose One:

Removable Stays Permanent Stays External Frame Internal Frame

Use Standard Material: 3/16 liner, 1/8 firm

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

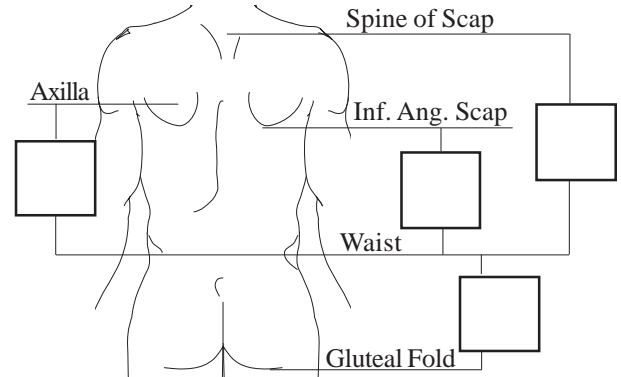
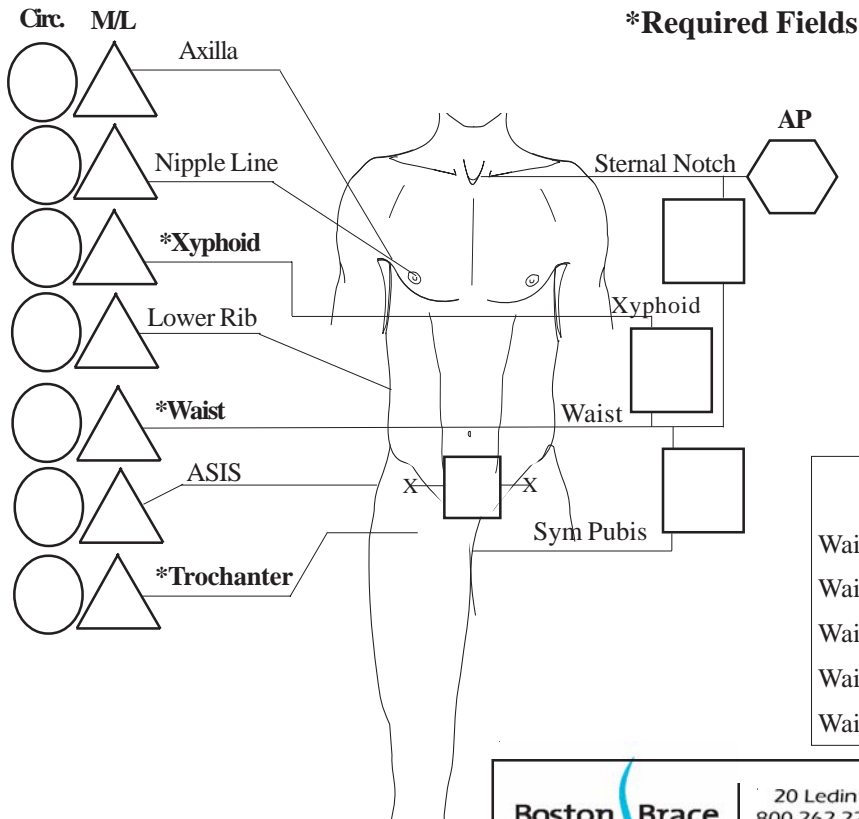
Lining: Unlined 1/8" 3/16" 1/4" 1/16" Firm 1/8" Firm Dryz

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: _____

Remarks: _____



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: _____

Boston Brace

20 Ledin Drive Avon, MA 02322
 800.262.2235 508.588.6060
 Fax: 800.634.5048 508.587.8119
 www.bostonbrace.com