

# Beställningsformulär

## Bostonkorsetter

### Scolios/BOB/Flexaform/SoftBrace

P.O.# \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Delivery date: \_\_\_\_\_  
 Ship To: \_\_\_\_\_

**Customer:** \_\_\_\_\_

Patient ID: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Brace Type:**

Scoliosis                       Flexaform

BOB                                 BOB Lined

Soft Body Jacket (removable stays)

Soft Body Jacket (permanent stays)

Frame (Soft Brace Only)    Internal    External

Body Jacket (Lined)

**Material:** \_\_\_\_\_

**Color:**

**Soft Brace:**     White                                 Green

Blue                                     Yellow

Purple                                    Red

**Other braces, including SB External frame:**

Pattern No: \_\_\_\_\_

Transfer No: \_\_\_\_\_

**Brace Design:**

Degree of Lordosis \_\_\_\_\_

Opening:                       Anterior                                 Posterior

Bivalve                                    Left Lateral

Right Lateral

Overlaps:                       Butting                                 Smooth

Finished:                       YES                                        NO

Does Patient have a Pendulous Abdomen?

NO     Small     Medium     Large     XLarge

Are Breasts Built into Brace?                       Yes                       No

Bra Cup Size \_\_\_\_\_ Waist to Nipple Line \_\_\_\_\_

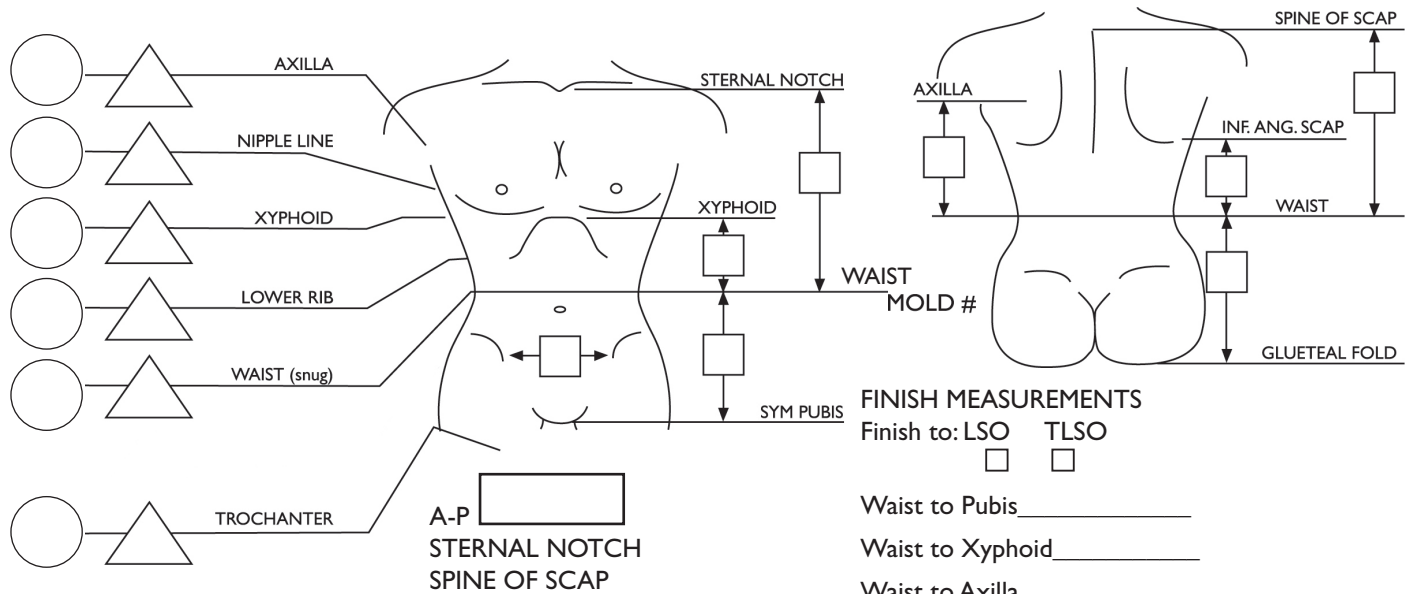
**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CIR. M/L**

**ENTER DISTANCE BETWEEN ALL POINTS ILLUSTRATED**



Signed \_\_\_\_\_

**FINISH MEASUREMENTS**

Finish to: LSO    TLSO

Waist to Pubis \_\_\_\_\_

Waist to Xyphoid \_\_\_\_\_

Waist to Axilla \_\_\_\_\_

Waist to Sternal Notch \_\_\_\_\_

Waist to Inferior Angle \_\_\_\_\_

Waist to Spine of Scapula \_\_\_\_\_

Waist to Seat \_\_\_\_\_