

Beställningsblankett Boston Scoliosis Night Brace

P.O.# _____

Date: _____

Delivery date: _____

Ship To: _____

Beställare: _____

Patient ID: _____ Age: _____ Height: _____ Sex: _____

Diagnosis: _____

Orthosis Design

Provide major curve: Left Right

Brace bending to: Left Right

Cobb Angles: _____ Lumbar _____ Thoracic _____

Brace Options: *Opening is always anterior*

Removable liner Permanent liner

Finished: Yes NO

Options: _____ Transfer Pattern Number: _____

Curve Description

Thoracic curve: Left Right

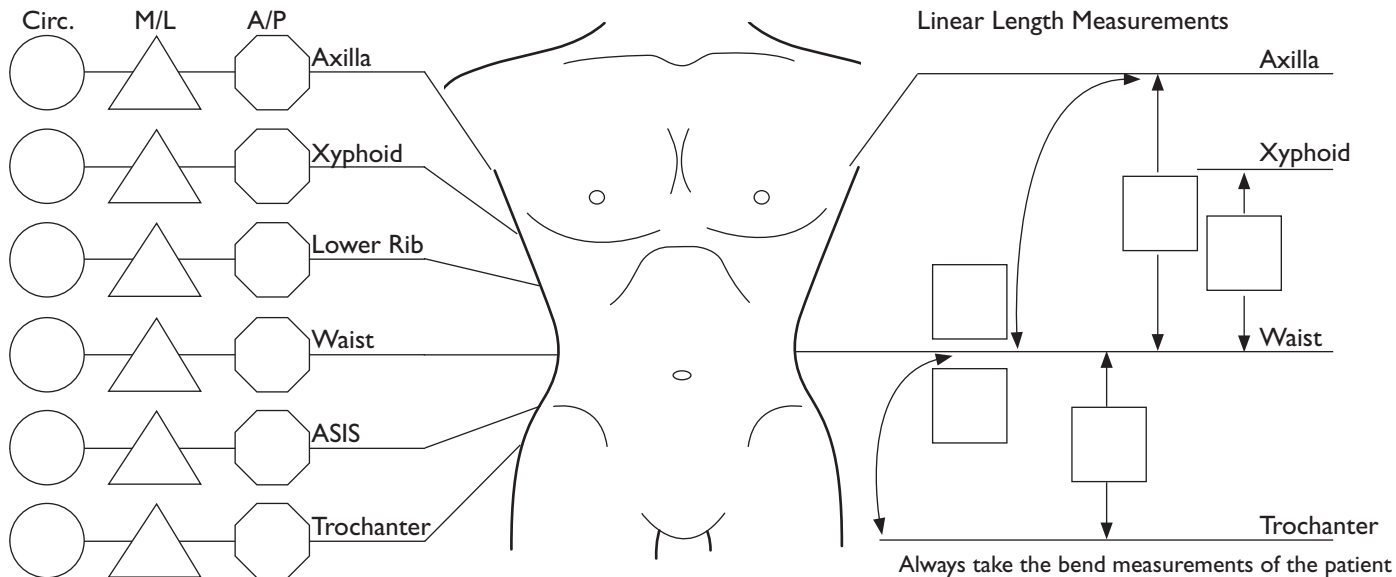
Lumbar curve: Left Right

Thoracic apex: Th- _____ Lumbar apex L- _____

Curve Type

Thoracic Lumbar

Thoracolumbar Double



Special instructions or remarks: _____