

Orderform Boston Braces Scolios/BOB/Flexaform/SoftBrace

Send the completed form to
info@camp.fi



Customer: _____
 Prescriber/Orthotist: _____
 Patient ID: _____
 Age: _____ Height: _____ Gender: _____
 Diagnosis: _____

P.O.# _____
 Date: _____
 Delivery date: _____
 Ship To: _____

Has the patient used a Boston Brace before: Yes No
 Camps order no/your pat id/order no.: _____

Brace Type:

Scoliosis
 BOB (Lined) BOB (Unlined)
 Soft Body Jacket (removable stays)
 Soft Body Jacket (permanent stays)
Based on anatomical measurements
 Soft Body Jacket (permanent stays)
Based on individual measures, enclose Stay Chart
 Soft Body Jacket with Internal Frame
 Soft Body Jacket with External Frame
 Body Jacket (Lined) Body Jacket (Unlined)
 Boston LITE

Brace Design:

Degree of Lordosis: _____
 Brace to be made to Measurements Cast Scan**
 Opening: Anterior Posterior
 Bivalve Left Lateral
 Right Lateral
 Overlap: YES NO
 Finished to first fitting: YES NO
 ** a carving charge will be added to the order, see article number 29737

Material & Thickness (if non-standard required):

Colour: Soft Body Jacket and Boston LITE

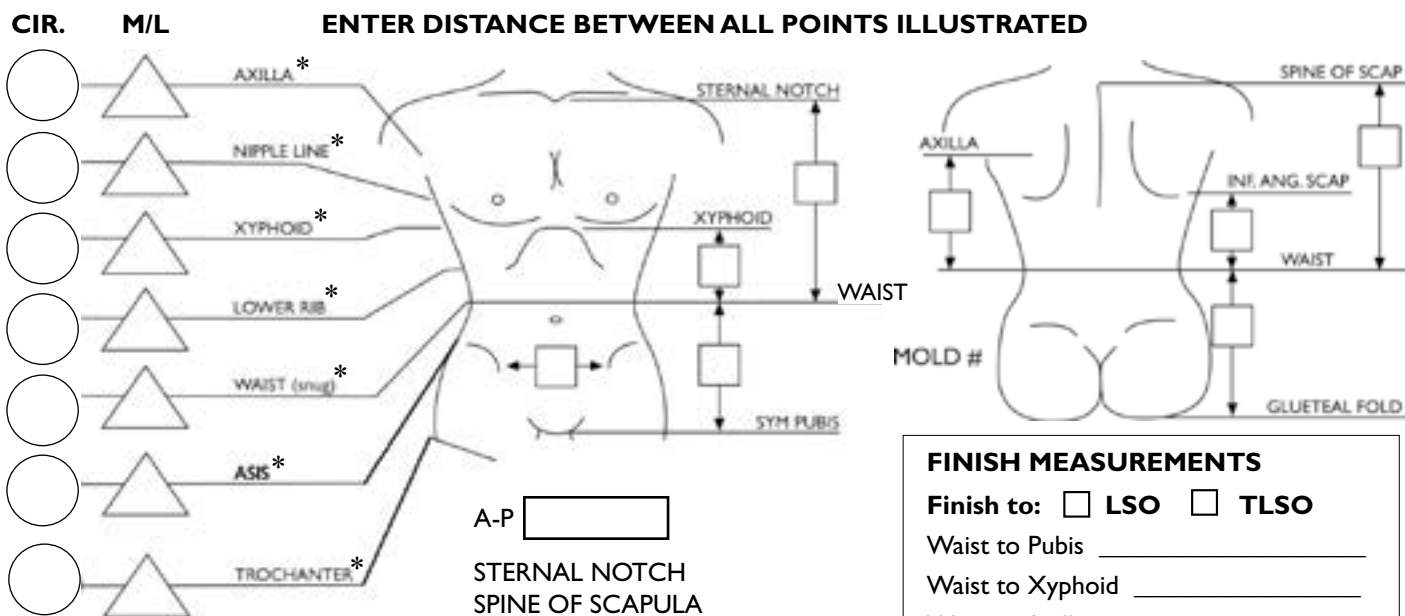
White Orange Blue
 Pink Purple

Other braces, including SBJ External frame:
 All over transfer pattern: _____
 Single placement transfer: _____

Should patient's belly size be taken into consideration when producing the brace?
 NO Yes (if yes, please enclose a photo where possible)

Are breasts built into the brace? Yes No
 Bra cup size _____ Height from waist to nipple line _____

Remarks _____



*Both Cir. & M/L are mandatory for Boston Scolios Scan-to-Fit

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 _____

Signed _____