

# 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.: \_\_\_\_\_

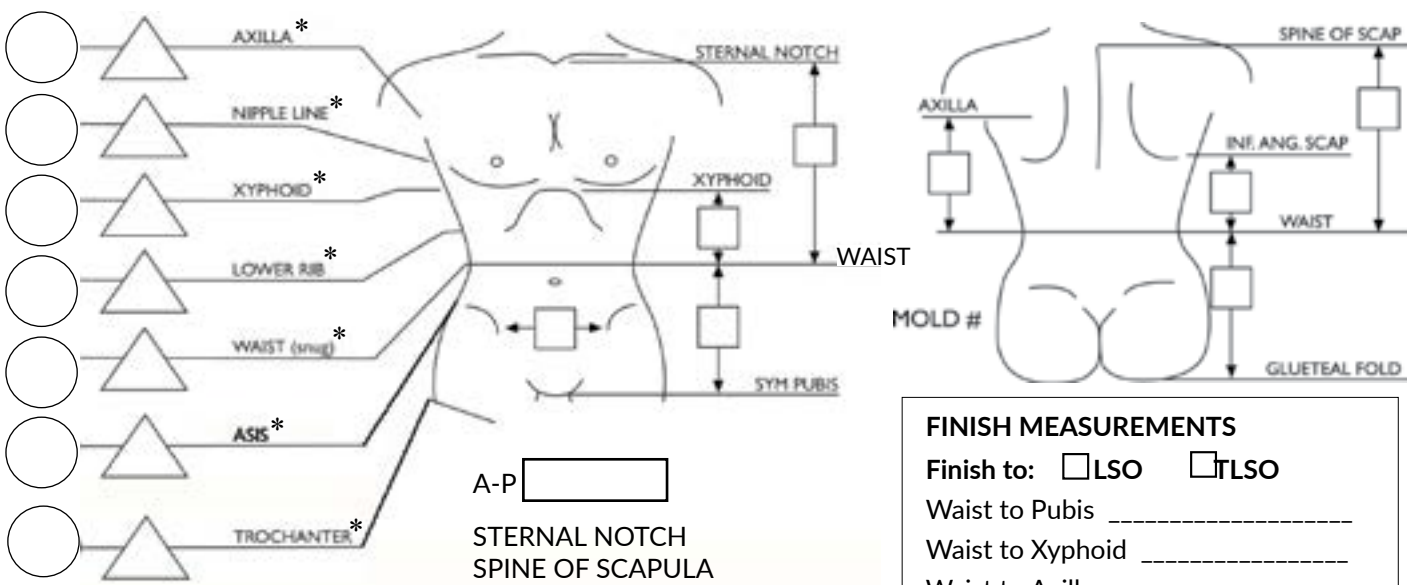
**Brace Type:**  
 Scoliosis  
 BOB (Lined)  BOB (Unlined)  
 Soft Body Jacket (removable stays)  
 Soft Body Jacket (permanent stays)  
 Based on anatomical measurements  
 Soft Body Jacket (permanent stays)  
 Based on individual measures, enclose  
 Stay Chart  
 Soft Body Jacket with Internal Frame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

**Brace Design:**  
 Degree of Lordosis: \_\_\_\_\_  
 Brace to be made to  Measurement  Cast  Scan\*\*  
 Opening:  Anterior  Posterior  
 Bivalve  Left Lateral  
 Right Lateral  
 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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CIR. M/L ENTER DISTANCE BETWEEN ALL POINTS ILLUSTRATED**



\*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 \_\_\_\_\_