

BOSTON BODY JACKET ORDER FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ Phone: _____
 Address: _____ PO#: _____ Fax: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Email: _____

Patient Information

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Diagnosis: _____
 Previous wearer? Yes No

Orthosis Design

- Body Jacket Standard 5/32" LD PE, 3/16" liner
- Inner Material: **Aliplast** Other: _____
 Size: 1/8" **3/16"** 1/4"
- Outer Material: **LDPE** Other: _____
 Size: 1/8" **5/32"** 3/16" 1/4"
- Opening: Anterior Posterior
 Bivalve Left Lateral Right Lateral
- Overlaps: None Butting
 Smooth Tongue
- Options: Wide Tongue Glue/ Reinforce Tongue
 Plastic Rivets G-Tube Cut Out
 Shoulder Straps Adjustable Length Straps
 Buckles Posterior Extended Buckles

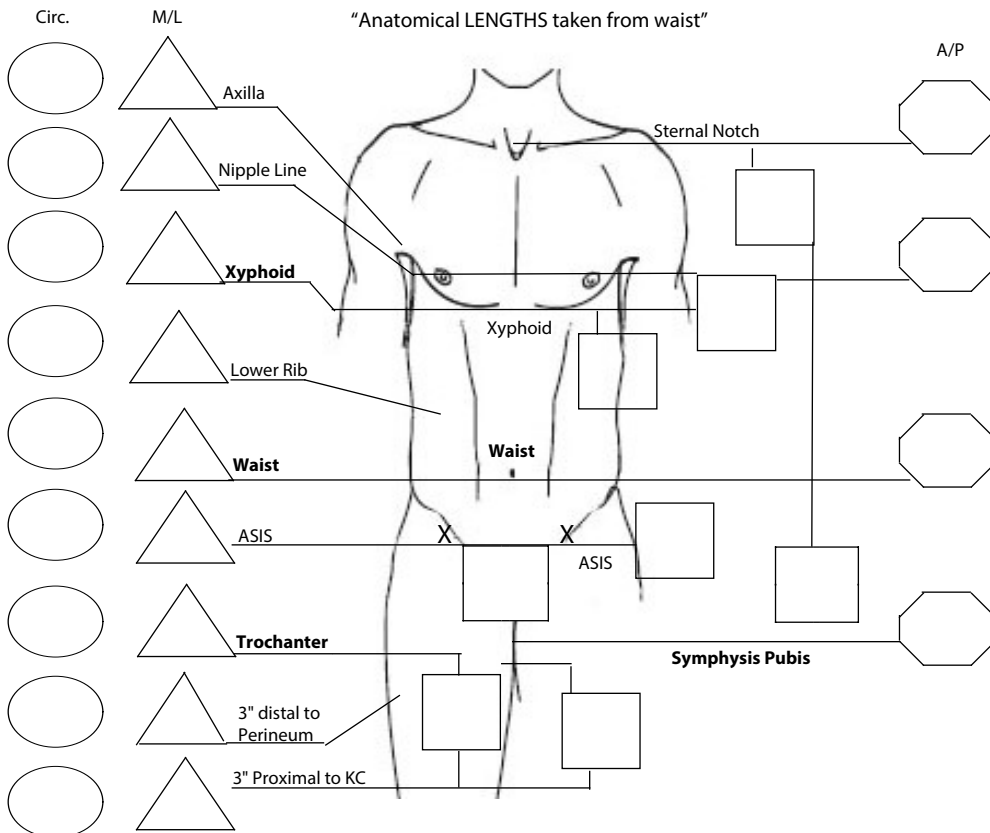
Finished? Yes No
 Measurement: Cast Scan Measure ONLY
 Scan Label: _____

- Color/transfer: _____ Transfer on straps
 Modifications: As-is 50% Full symmetry
 Lordosis: As-is 15° Other: _____
 Abdomen Relief: None XS S M L XL
 Build breast into Orthosis Cup size: _____
 Integrated Cuffs Degree Flexion: _____ Joint Type: _____
 Detached cuffs Degree Abduction: _____ Joint Size: _____
 LEFT RIGHT

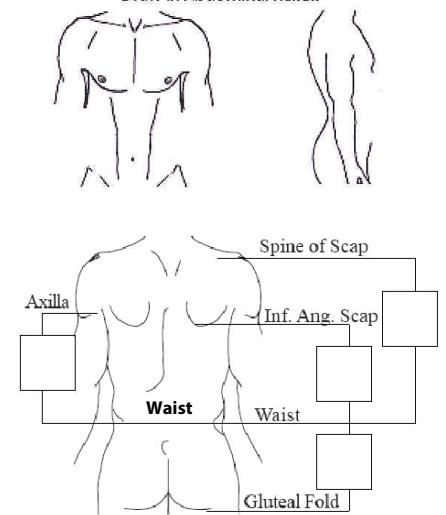
Special Instructions or comments:

Measurements

"Anatomical LENGTHS taken from waist"



Draw in Abdominal Relief:



Finished Measurements TLSO LSO

Pubis _____ Xyphoid _____
 Axilla _____ Sternal Notch _____
 Inf. Angle Scap _____ Seat _____
 Spine of Scap _____ Mid Scapula _____

Rev.2 6/17