

# BOSTON ELBOW ORDER FORM

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ PO#: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ship Via: \_\_\_\_\_ E-mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Cast  Scan  Existing Mold  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Side:  Left  Right  Bilateral

Diagnosis: \_\_\_\_\_ **Device Type:** **Add on's: (Straps and pads standard)**  
 Ratchet elbow extension  Tongue (1/8 firm aliplast)  
 Ratchet elbow flexion  Anterior / Posterior shell  
 ROM elbow  Other: \_\_\_\_\_  
 Elbow immobilizer  
 Joints on Order from Clinic PO#: \_\_\_\_\_  
 BO&P to Order PO#: \_\_\_\_\_

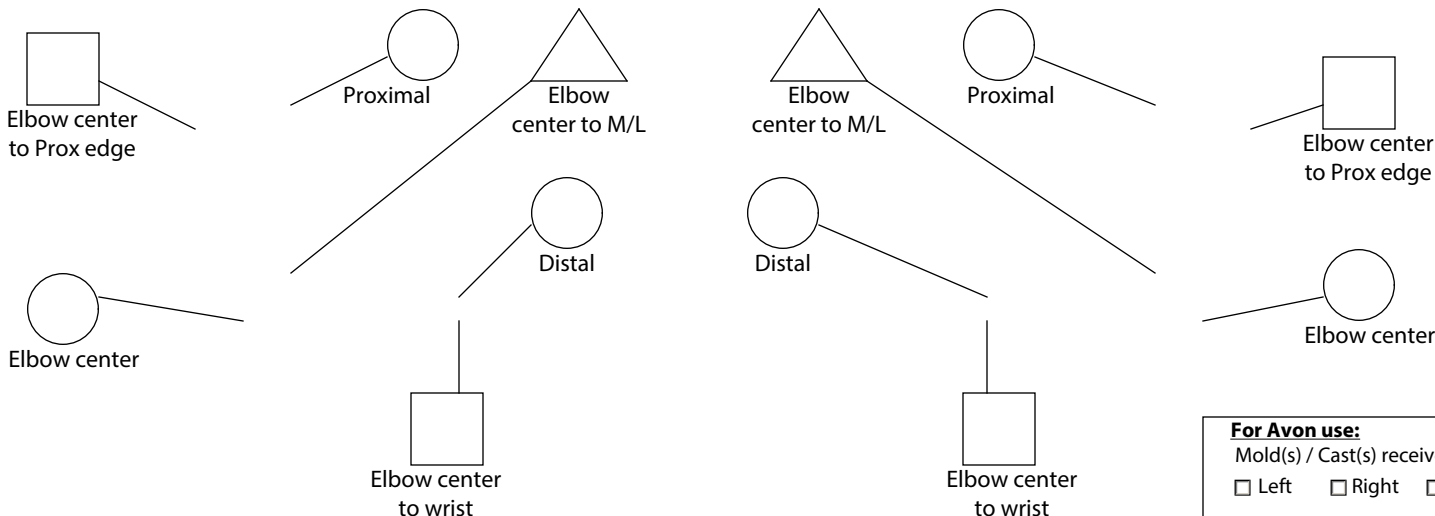
**Alignment:**  As is standard  Correct elbow to: \_\_\_\_\_  
**Modifications:**  Distal flare at wrist standard  Mild donning modification standard  
**Opening:**  Posterior recommend for extension assist  Anterior recommended for flexion assist

**Plastic:**  1/8 copoly standard  Other: \_\_\_\_\_  
**Padding:**  1/4 aliplast full liner standard  Other: \_\_\_\_\_  
**Transfer Color:**  Brace \_\_\_\_\_  Straps \_\_\_\_\_

**Elbow Joints:**  OTS CC4ESL-RT  OTS CC4ESL-LT  Becker U-30-2 ROM w/stops  Other: \_\_\_\_\_  
**Elbow Immobilizer:**  (3) PCV strut 1", 1/4 aliplast, 1/8 firm foam standard  Other: \_\_\_\_\_

**Notes:**

**Provide all measurements and indicate trim lines on model below**



**For Avon use:**  
 Mold(s) / Cast(s) received  
 Left  Right  Bilateral  
 Date: \_\_\_\_\_