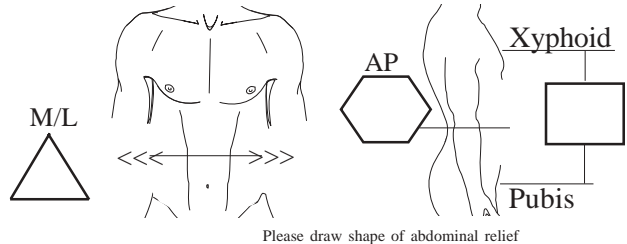


# BOB MEASUREMENT FORM

Date: \_\_\_\_\_  
 Acct #: \_\_\_\_\_ Ship Via: \_\_\_\_\_ Requested Due Date: \_\_\_\_\_  
 P.O. #: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Does orthosis require abdominal relief?  Yes  No  
 Slight  Small  Medium  Large  X-Large



## BRACE INFORMATION

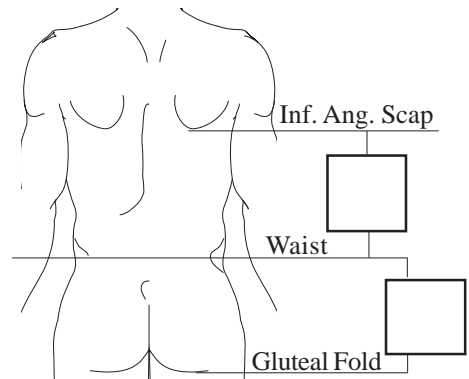
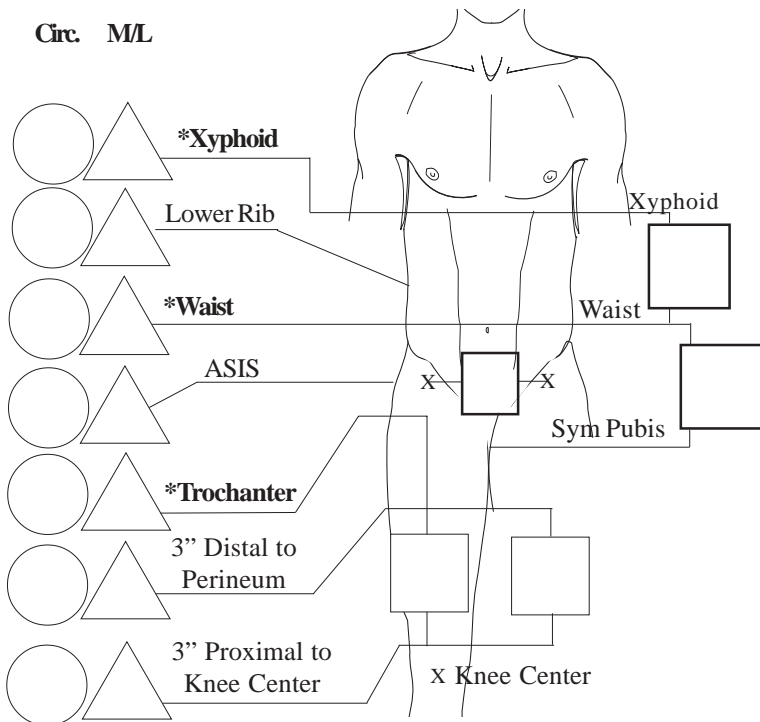
Finished?  Yes  No Cast:  Yes  No -  Make Symmetrical  As Is  
 Use Standard Material: LDPE 1/8" Unlined  
 ° of Lordosis: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_ Color: \_\_\_\_\_  
 Lining:  Unlined  1/8"  3/16"  1/4"

### Boston Hip Spica Extremity Specifications:

Integrated Cuff(s):  Left  Right  Bilateral ° of Flexion: \_\_\_\_\_ ° of Abduction: \_\_\_\_\_  
 Detached Cuff(s):  Left  Right  Bilateral Joint Type: \_\_\_\_\_ Joint Size: \_\_\_\_\_

Remarks: \_\_\_\_\_

### \*Required Fields



### FINISHED MEASUREMENTS FINISH TO: LSO

Waist to Xyphoid: \_\_\_\_\_ Waist to Inf Angle: \_\_\_\_\_  
 Waist to Pubis: \_\_\_\_\_ Waist to Seat: \_\_\_\_\_