

Measurement form Boston Braces

allard

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Send the completed form to customerservice@allarduk.co.uk

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
Previous 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 **

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: _____

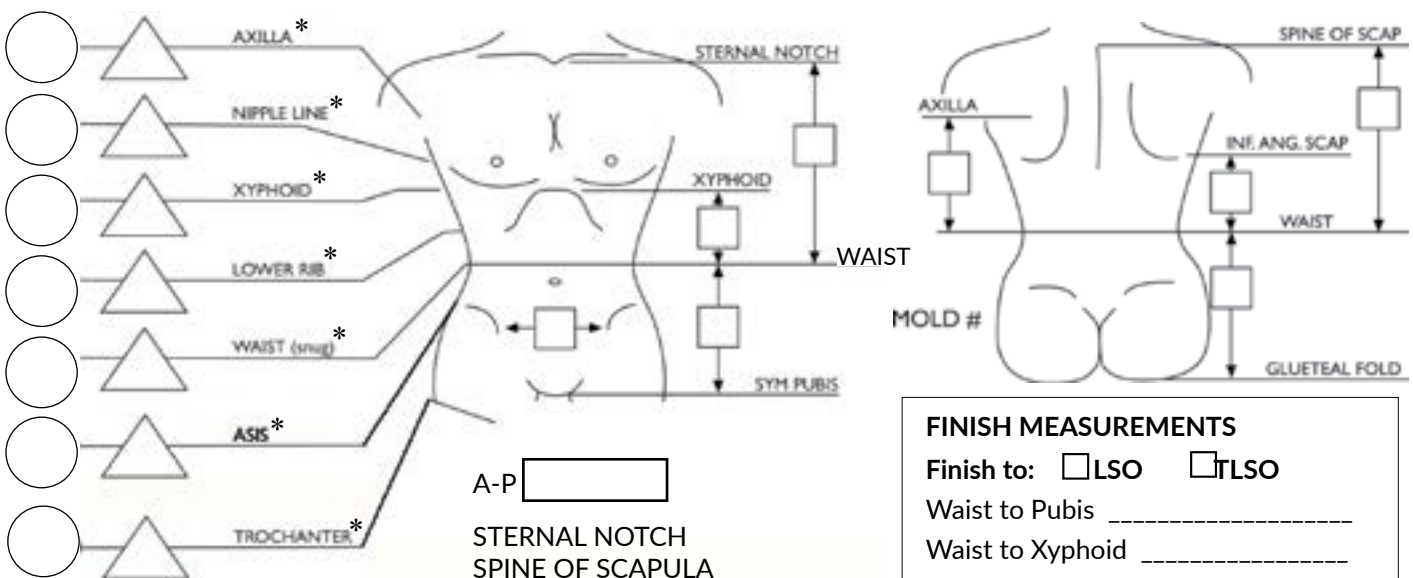
Single placement transfer: _____

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 made to scan

Signed _____

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 _____