

Universal Spinal Measurement Form

P.O.#: _____
 Date: _____
 Delivery date: _____
 Ship To: _____

Customer: _____
 Prescriber/Orthotist: _____
 Patient ID: _____
 Age: _____ Height: _____ Sex: _____
 Diagnosis: _____

Has the patient used a Boston Brace before: Yes No
 Date of last order/order no.: _____

Brace Type:

- Scoliosis Flexaform
- BOB (Lined) BOB (Unlined)
- Soft Body Jacket (removable stays)
- Soft Body Jacket (permanent stays)
- 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 Measurements Cast Scan
- Opening: Anterior Posterior
- Bivalve Left Lateral
- Right Lateral
- Overlap: YES NO
- Finished to first fitting: YES NO

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: _____

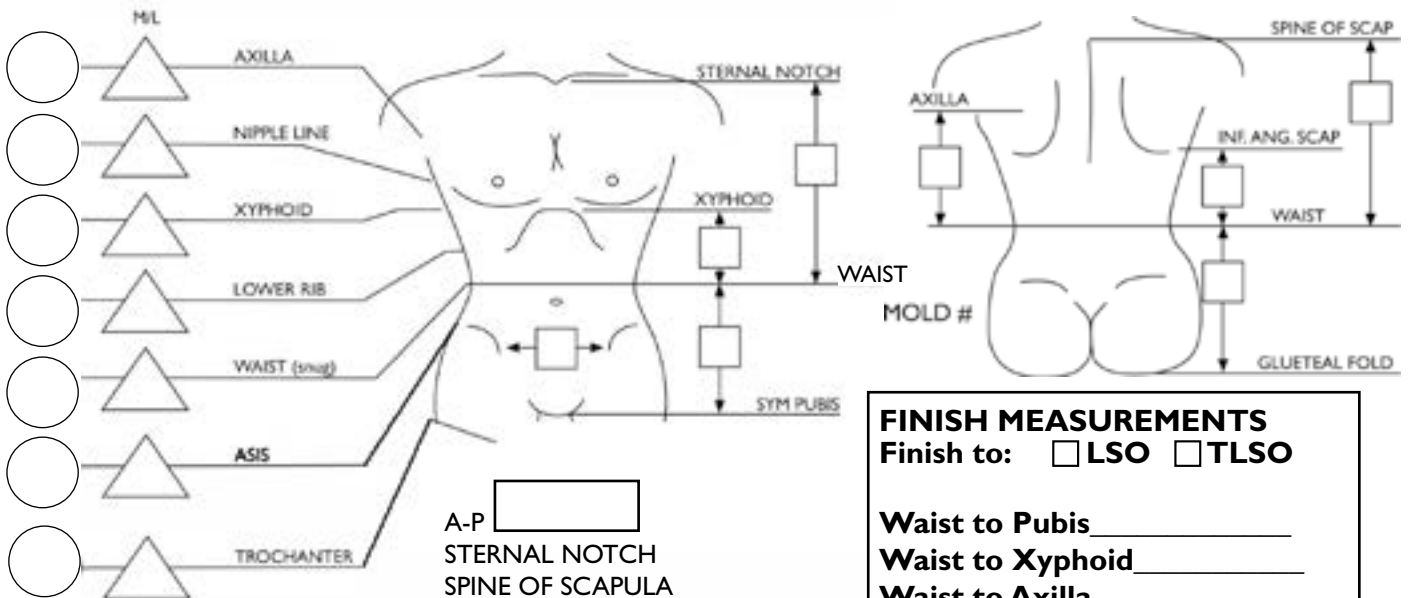
Should patient's belly size be taken into consideration when producing the brace?
 NO Yes (if yes, please enclose a photo where possible)

Are Breasts Built into Brace? Yes No
 Bra Cup Size _____ Height from Waist to Nipple Line _____

Remarks _____

By submitting this form you are certifying that personal data has been processed in compliance with GDPR (EU) 2016/679. The data will be processed only to the extent necessary to deliver ordered products. Due to the Data Privacy Regulation GDPR (EU) 2016/679 this form must be submitted through <https://submit.allardsupport.com>.

CIR. M/L ENTER DISTANCE BETWEEN ALL POINTS ILLUSTRATED



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 _____