



# Boston Scoliosis Night Brace Measurement Form

P.O.# \_\_\_\_\_

Date: \_\_\_\_\_

Delivery date: \_\_\_\_\_

Ship To: \_\_\_\_\_

Customer: \_\_\_\_\_

Prescriber/Orthotist: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Have patient used Boston Night Brace before:  Yes  No Date for last order/order no.: \_\_\_\_\_

## Orthosis Design

Provide major curve:  Left  Right

Brace bending to:  Left  Right

Cobb Angles: \_\_\_\_\_ Lumbar \_\_\_\_\_ Thoracic

## Brace Options: *Opening is always anterior*

Removable liner  Permanent liner

Finished:  Yes  NO

Options: Transfer Pattern Number: \_\_\_\_\_

## Curve Description

Thoracic curve:  Left  Right

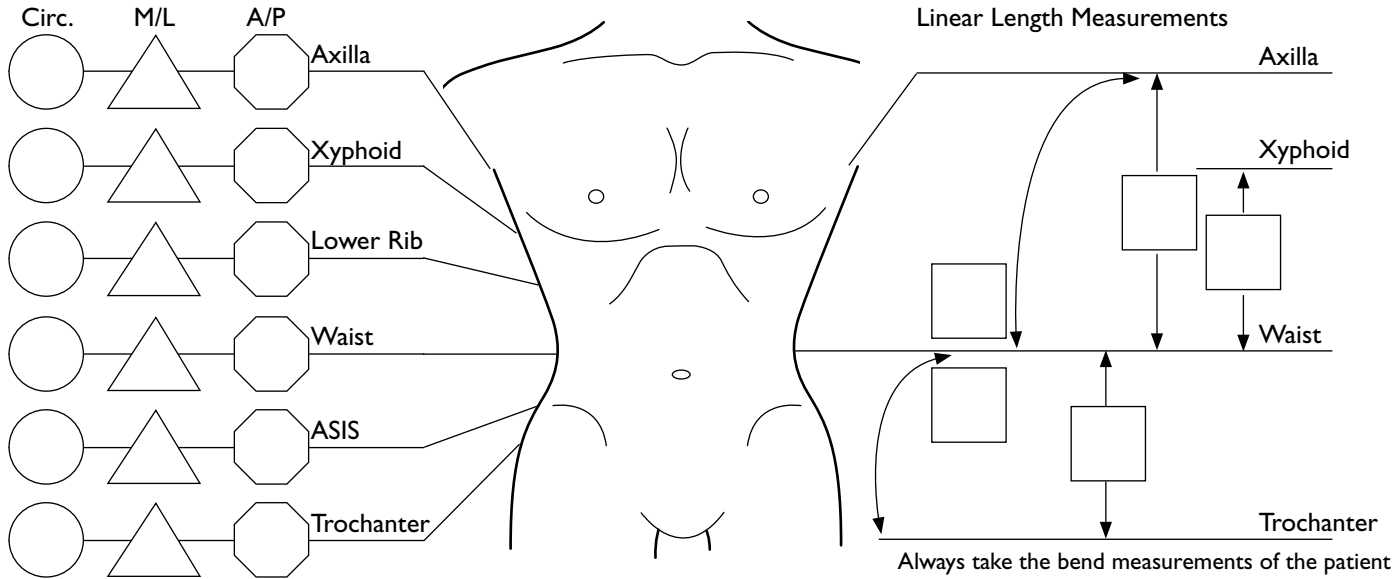
Lumbar curve:  Left  Right

Thoracic apex: Th- \_\_\_\_\_ Lumbar apex L- \_\_\_\_\_

## Curve Type

Thoracic  Lumbar

Thoracolumbar  Double



Special instructions or 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>.