

# Orderform Boston Braces Scolios/BOB/Flexaform/SoftBrace

Send the completed form to  
info@camp.se



**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  
 Camps order no/your pat id/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  Measurements  Cast  Scan\*\*  
 Opening:  Anterior  Posterior  
 Bivalve  Left Lateral  
 Right Lateral  
 Overlap:  YES  NO  
 Finished to first fitting:  YES  NO  
 \*\* a carving charge will be added to the order, see article number 29737

**Material & Thickness (if non-standard required):**  
 \_\_\_\_\_

**Colour: Soft Body Jacket and Boston LITE**

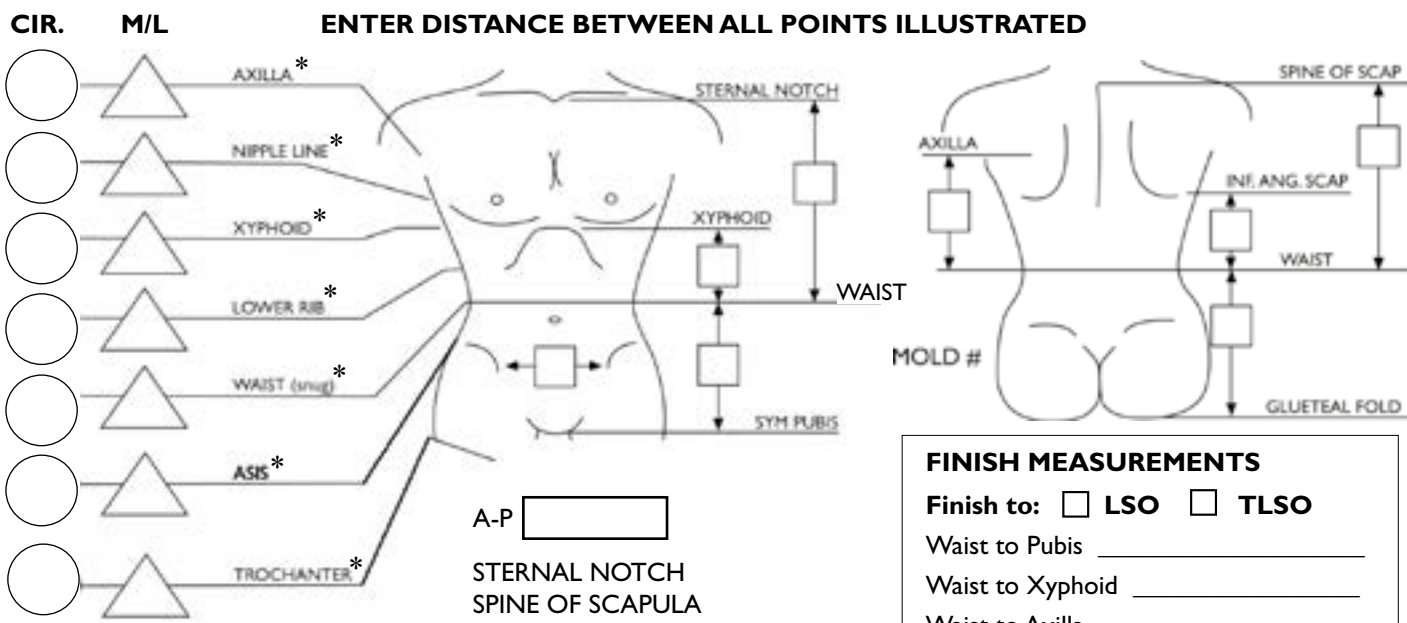
White  Orange  Blue  
 Pink  Purple

**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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\*Both Cir. & M/L are mandatory for Boston Scolios Scan-to-Fit

**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 \_\_\_\_\_

Signed \_\_\_\_\_

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>.