

Fuzion Spinal - Custom to Measure / Custom to Cast*

PATIENT INFO ID _____ <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____ Age _____ Diagnosis _____ _____ _____	CUSTOMER INFO Date _____ Date Req'd _____ PO# _____ Company _____ Customer Acct # _____ Ship To _____ Contact _____ Phone _____ Ship Via _____ On _____ Fax _____
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*Items will incur additional charge

- LSO TLSO

ORDER#

OPENING

- Anterior
 Posterior
 Bivalve Smooth
 Lateral
 Left Right

PLASTIC

- Nat Polyeth
 Mod Nat Polyeth
 Polar White Polyeth
 Co-Poly*
 Other _____

FRAME

- External Internal*
 1/8" 5/32" 3/16"
 Anterior Tongue
 (EVA Polyeth)
 Ventilate
 Finish Unfinish
 Spinal Relief

STRAPS

- Shoulder Straps
 Axilla Straps
 1-1/2" 2"
 ↑ (Chafe-to-Chafe) ↑ (Strap-to-Chafe)

Inner Liner Color _____
 Outer Liner Color Black White
 Lordosis _____
 (over 20°*)
 Bra Cup Size _____

Transfer Pattern* _____
 (external frame only)
 Notes _____

- Circ ML A-P Length

TRIMLINES Below measurements are:
 Anatomical Finished Trim

