

PATIENT INFORMATION

ID/Name _____ Height _____ Weight _____

Age _____ Sex _____

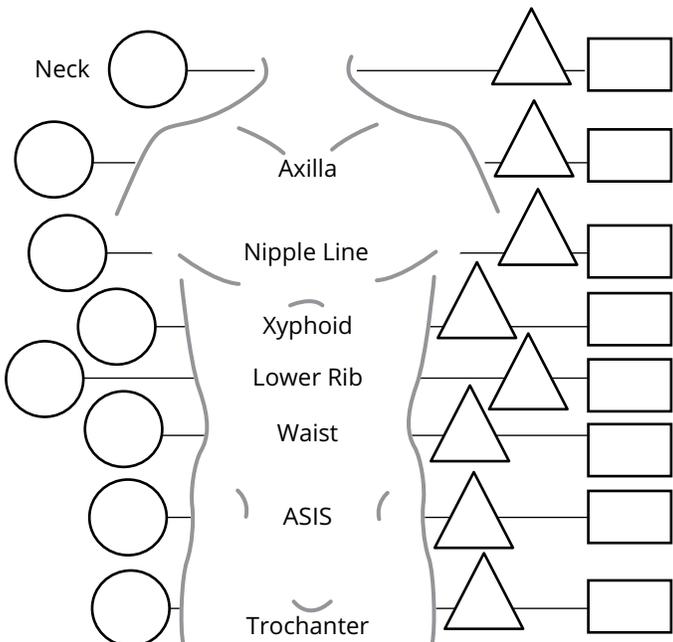
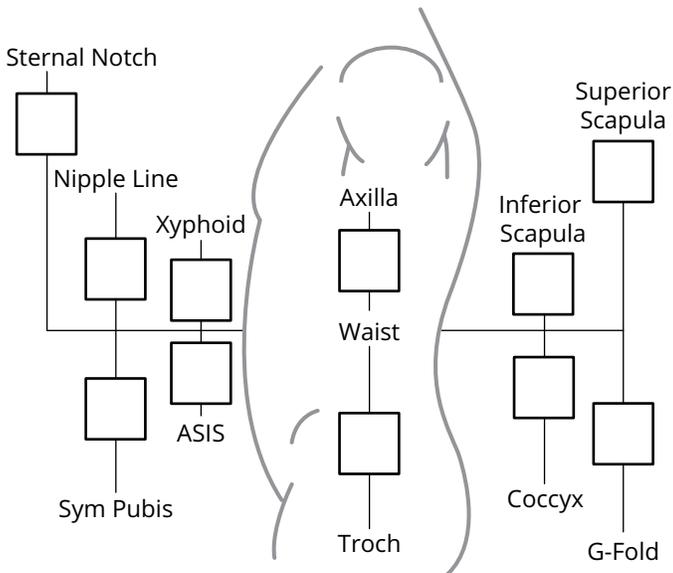
Diagnosis _____

MEASUREMENTS



Anatomical Finished Trim

Circ. Width A-P



CUSTOMER INFORMATION

Date _____ Date Required _____ PO# _____

Company _____ Phone _____

Ship-to Address _____ Fax _____

Suite/Building/Floor _____ Ship Via _____

City _____ State _____ Zip _____ Date Required _____

Contact _____

ORDER SPECIFICATIONS

Cast Scan Measurement

Finished _____
 Unfinished Brace _____ Transfer Pattern _____

SCOLIOSIS DESIGN

Low Profile High Profile TLSO
 Anterior Open
 Posterior Open
 Boston Style

KYPHOSIS DESIGN

Low Profile TLSO
 T-bar/Sternal
 High Profile
 Aluminum Para-Spinal Bars

Provide X-rays for all Scoliosis braces that need correction.

MATERIALS

Co-Poly	MPE	LDPE	AliPlast™ Liner
			1/8" 3/16" 1/4"
Finished Thickness			No Liner
1/8"	5/32"	3/16"	

TRIMLINES/PADS/CUTOUTS

Please Indicate

- Special Trimlines
- Pad Placement
- Window Cut-Out

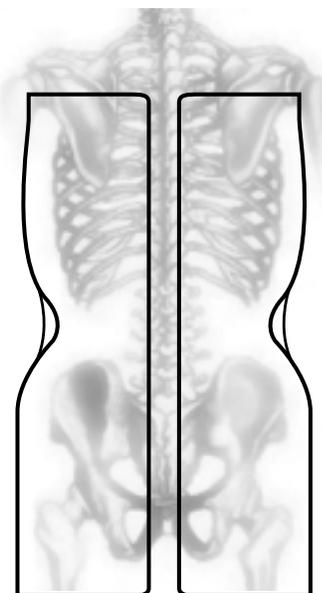
Corrective Pads

Lumbar Left	Lumbar Right
Thoracic Left	Thoracic Right
Trochanter Left	Trochanter Right

Apply Pads Per X-rays
 Send Pads Unattached

Thoracic Window Yes No

If finished measurements are not supplied your orthosis will be trimmed to the anatomical measurements.



Notes _____