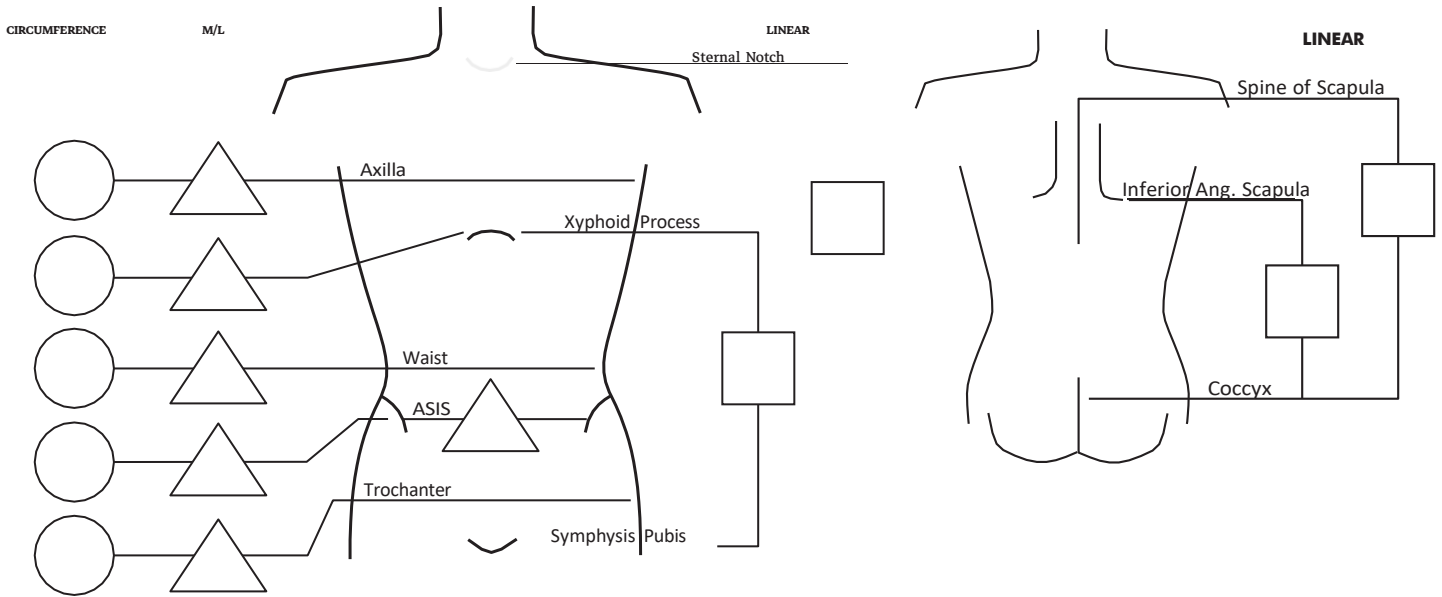


# SPINAL SYSTEM

## Custom To Measurements



### CUSTOM-TO-MEASUREMENTS

LSO [part # 3320]

Note: Additional charge for oversized braces.

#### OPTIONS:

Lordosis:  15°  0°

Pendulous Abdomen:  No  Yes

#### OPTIONAL COMPONENTS

#### PART NO.

- |   |         |
|---|---------|
| <input type="checkbox"/> Posterior Thoracic Extension [PTE]                       | 3299.02 |
| <input type="checkbox"/> Anterior Thoracic Extension [ATE] [Small]                | 3300.01 |
| <input type="checkbox"/> Anterior Thoracic Extension [ATE] [Medium]               | 3301.01 |
| <input type="checkbox"/> Anterior Thoracic Extension [ATE] [Large]                | 3302.01 |
| <input type="checkbox"/> Lateral Control Panels [for increased lateral stability] | 3299.03 |
| <input type="checkbox"/> Dorsal Pad/Strap Kit                                     | 3299.04 |
| <input type="checkbox"/> Posterior Air Bladder                                    | 3299.05 |
| <input type="checkbox"/> Upgrade to CaSS Compound Closure System                  | 3299.28 |

### ORDER INFORMATION

Date: \_\_\_\_\_ P.O.#: \_\_\_\_\_

Facility to be Billed: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Ship Via: \_\_\_\_\_ On (Date) \_\_\_\_\_

Contact: \_\_\_\_\_

### PATIENT INFORMATION

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

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_