SPINAL ORTHOTIC SYSTEMS



Custom To Measurements / Custom To Cast

PATIENT INFORMATION	CUSTOMER INFORMATION		
Name:	Date:	Date Req'd:	P.O. #:
🗅 M 🗅 F Height: Weight	Company:	(Contact <u>:</u>
Diagnosis:	Ship Address:		
	Phone:	F <i>A</i>	X:
	Ship VIA:	O	n (date):
OPENING:	MEASUREMENTS		TE ALL MEASUREMENTS DMPLETE SATISFACTION
Bivalved [step] Bivalved [smooth] A-P Aptoriar Bivalved [smooth]	🗅 Standing 🗅 Supine		
Anterior P-A Anterior Overlap TPC Single Opening		AP	
Scoliosis TPC Bi-valve		- Br	a Cup Size:
LORDOSIS:			LINEAR
15 degrees Other		\Box	STERNAL NOTCH
PLASTIC: LINER:			
Type: Type: 1/8" 1/8"	\frown		
□ 5/32" □ 3/16"			
□ 3/16"		X	
TRIM:			
LSO TLSO CTLSO Hip Spica Right Left			
Joint Type:			
FINISHED:			
YES NO Straps unattached			
OPTIONS:	ASIS		
Vented: 🛾 YES 🔹 NO			
Straps: 🗅 Ant 🗅 Post 🗅 1 1/2" 🗅 2" 🗅 C-Fold			
Chafes: 🛯 Standard 🛛 🖢 Extended			'\)
🗅 Screws 🗳 Speedy Rivet 📮 Copper Rivet			
Shoulder Straps: 🛛 YES 🔍 NO			$\langle \langle \rangle$
Under Axilla Straps: DYES DNO			\square
Chest: 🗅 Std Full Plastic 📮 Swivel Mount		FINI	SHED TRIM MEASUREMENTS
Cutout T-bar LIDO		ANTERIOR	POSTERIOR Top Posterior
ABDOMINAL RELIEF PENDI	JLOUS ONLY	Top Anterior	
	Waist to Distal	Waist	
ASIS to ASIS Contour	Pubis ASIS to ASIS Straight Line	Thigh Relief Bottom Anterior	Bottom Posterior