



Genco Group

Fuzion Spinal - Custom to Measure / Custom to Cast*

PATIENT INFO

ID _____
 M F Height _____ Weight _____
 Age _____ Diagnosis _____

CUSTOMER INFO

Date _____ Date Req'd _____ PO# _____
 Company _____
 Customer Acct # _____
 Ship To _____
 Contact _____ Phone _____
 Ship Via _____ On _____ Fax _____

*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

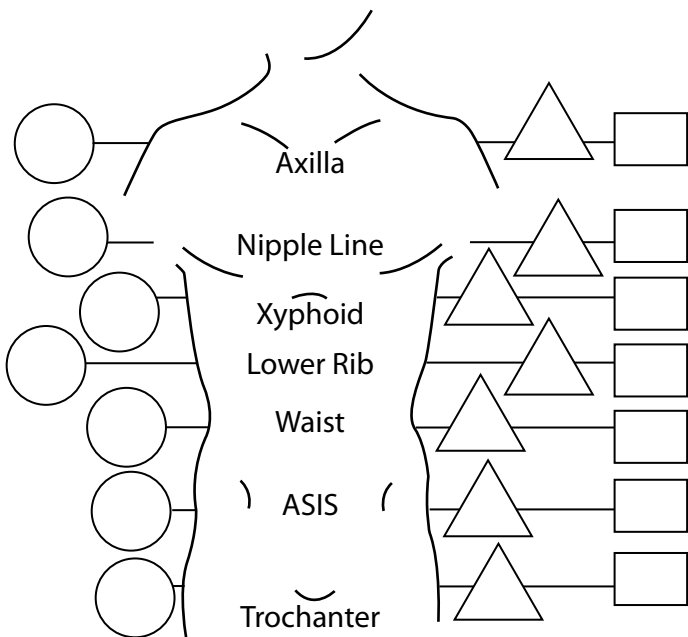
STRAPS

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

