



### TORSO

- Standard
- With T-Bar

### MODEL No.

2440  
2440.01

**Note: Additional charge for oversized braces.**

### TORSO-Lite

- Standard
- With PTE

### MODEL No.

2380  
2370

**Note: Additional charge for oversized braces.**

### OPTIONS:

- Liner:  3/16" Aliplast  CoolFoam™
- Lordosis:  0°  15°
- Corset Front (LSO only):  Yes  No
- Corset Front Style:  Velcro® Strap
- Metal Closures
- Corset Front Size:  XS  S  MD
- LG  XL  XXL
- Pendulous Abdomen:  Yes  No

### UPGRADES

- |  | TORSO<br>MODEL No. | TORSO-Lite<br>MODEL No. |
|--|--------------------|-------------------------|
| <input type="checkbox"/> Posterior Air Bladder <small>Note 1</small> | 2431               | 2371                    |
| <input type="checkbox"/> Additional set of CoolFoam™ liners          | 2433               | 2373                    |
| <input type="checkbox"/> Additional Corset front (LSO only)          | 2434               | 2374                    |
| <input type="checkbox"/> CoolFoam™ Tongue Liner                      | 2435               | 2375                    |

**NOTE 1:** Posterior Air Bladder available with CoolFoam™ liner only.

### 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: \_\_\_\_\_

**Fax This Form to 800.638.9259  
or Call 800.446.6770**