

SPINAL ORTHOTIC SYSTEMS CUSTOM-TO-MEASUREMENTS/CUSTOM-TO-CAST

PATIENT INFORMATION

Name: _____
 M F Height: _____ Weight _____
 Diagnosis: _____

CUSTOMER INFORMATION

Date: _____ Date Req'd: _____ P.O. #: _____
 Company: _____ Contact: _____
 Ship Address: _____
 Phone: _____ FAX: _____
 Ship VIA: _____ On (date): _____

OPENING:

- Bivalved [step] Bivalved [smooth] A-P
- Anterior Posterior P-A
- Anterior Overlap TPC Single Opening
- Scoliosis TPC Bi-valve

LORDOSIS:

- 15 degrees Other _____

PLASTIC:

- Type: _____
- 1/8"
- 5/32"
- 3/16"

LINER:

- Type: _____
- 1/8"
- 3/16"
- 1/4"

TRIM:

- LSO TLSO CTLSO
- Hip Spica Right Left

Joint Type: _____

FINISHED:

- YES NO Straps unattached

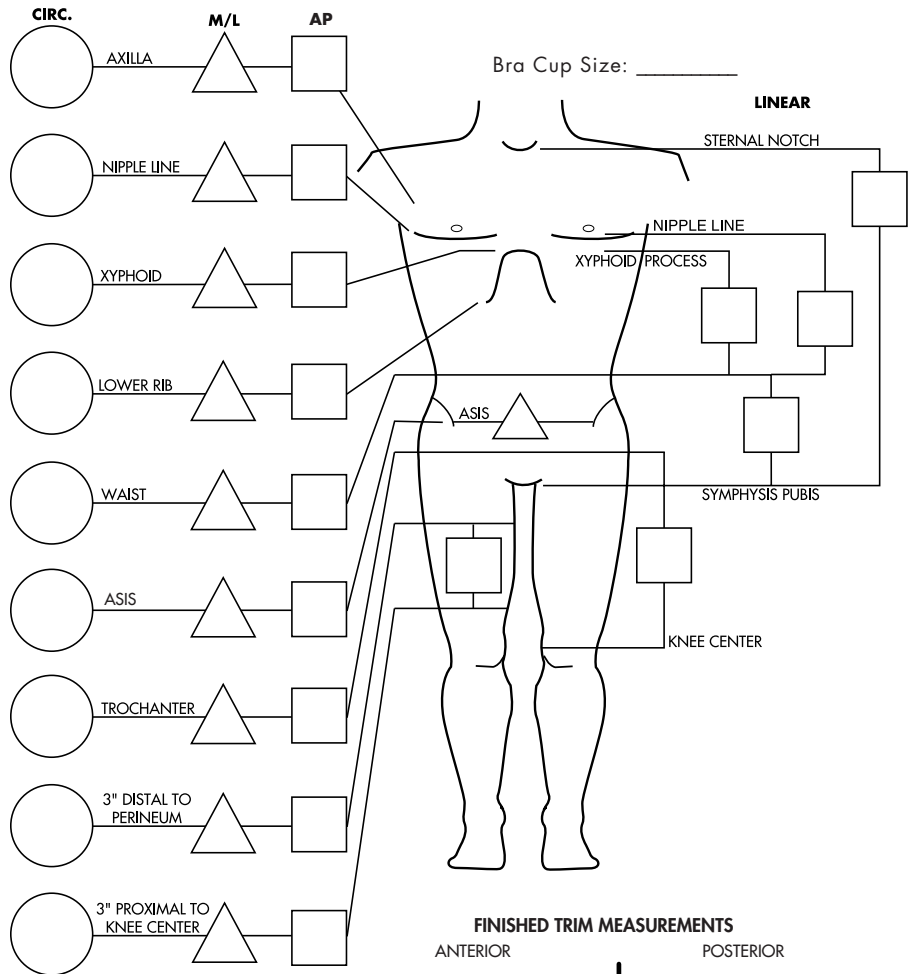
OPTIONS:

- Vented: YES NO
- Straps: Ant Post 1 1/2" 2" C-Fold
- Chafes: Standard Extended
- Screws Speedy Rivet Copper Rivet
- Shoulder Straps: YES NO
- Under Axilla Straps: YES NO
- Chest: Std Full Plastic Swivel Mount
- Cutout T-bar LIDO

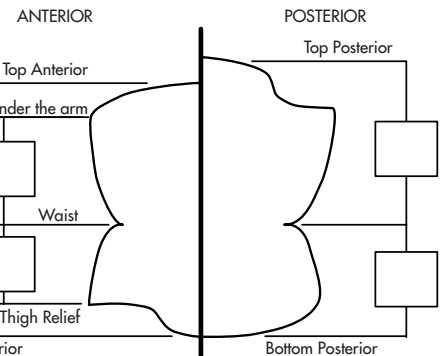
MEASUREMENTS

- Standing Supine

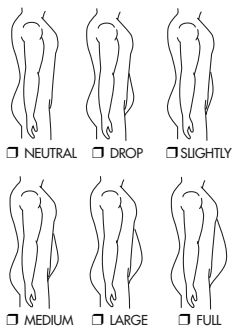
PLEASE COMPLETE ALL MEASUREMENTS TO ENSURE COMPLETE SATISFACTION



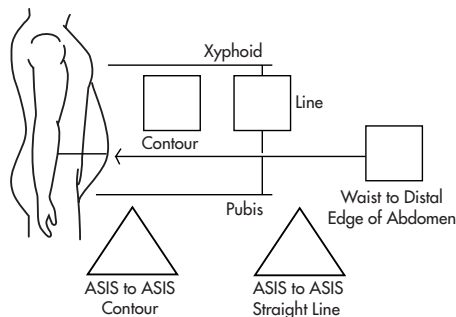
FINISHED TRIM MEASUREMENTS



ABDOMINAL RELIEF



PENDULOUS ONLY



FAX THIS FORM TO 877.737.8445 OR CALL 877.737.8444 OR EMAIL CUSTSERV@ORTHOMERICA.COM

