

**Bill To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Ship Address:** \_\_\_\_\_

**Practitioner** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

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

**Order Date:** \_\_\_\_\_

Height: \_\_\_\_\_ Lordosis  Male  
 Weight: \_\_\_\_\_  5  10  15  Female  
 Age: \_\_\_\_\_  Other \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_



Compliance Monitor (1/4" foam only) YES NO

**In-Office Request Date:** \_\_\_\_\_  am  pm

**STANDARD SCOLIOSIS (includes):**

- 5/32 Modified PE
- 1/4 Aliplast
- Corrections modified into model
- Velcro closures
- Finished trimmed

### X-RAYS ARE RECOMMENDED

**OPENING**

- Anterior  
 Posterior  
 Bi-Valve

**TYPE**

- TLSO  
 LSO  
 High Profile  
 Low Profile  
 Finished  
 Unfinished  
 Boston Style

**ADD-ON OPTIONS**

- Shoulder Straps  
 Pad Kit  
 Crest Pads  
 Spinal Relief  
 Paraspinal

**CLOSURE OPTIONS**

- With Tongue  
 Step Overlap  
 Smooth Overlap  
 Trim Foam on Overlap  
 Left  Right  
 Anterior Over Posterior  
 Anterior Into Posterior

**MATERIAL**

Plastic Type \_\_\_\_\_

Thickness \_\_\_\_\_

Liner Type \_\_\_\_\_

Transfer Type \_\_\_\_\_

**ABDOMINAL RELIEF**

- SM  MD  LG  
 None  
 Other \_\_\_\_\_

**CURVE MAGNITUDE AND APEX**

Thoracic Levels  L  R  
 - Apex \_\_\_\_\_ Mag \_\_\_\_\_

Lumbar Levels  L  R  
 - Apex \_\_\_\_\_ Mag \_\_\_\_\_

**SCAN SENT**

Yes  No

**MEASUREMENTS TAKEN**

Standing  Supine

