

Bill To: _____
Address: _____

Ship To: _____
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

OPS invoice / NG encounter: _____

- STANDARD ONE-PIECE**
Standard One-Piece Spinal Brace Includes:
- 5/32 Modified PE
 - 1/4 Alplast
 - Prox & distal trims flared
 - Velcro closures
 - Finished trimmed
- STANDARD TWO-PIECE**
Standard Two-Piece Body Jacket Includes:
- 5/32 Modified PE
 - 1/4 Alplast
 - Velcro closures
 - Prox & distal trims flared
 - 2 inch overlap
 - Finished trimmed
 - Anterior over posterior

- OPENING**
- Anterior overlap
 - Anterior
 - Posterior
 - Bi-Valve
 - Lateral
 - L R
- CLOSURE OPTIONS**
- With Tongue
 - Step Overlap
 - Smooth Overlap
 - Trim Foam on Overlap
 - Left Right
 - Anterior Into Posterior

- TYPE**
- TLSO
 - LSO
 - High Profile
 - Low Profile
 - Finished
 - Unfinished

- ADD-ON OPTIONS**
- Sternal Bar Kit ("T" Bar)
 - Lehrman Cervical Extension
 - SOMI Cervical Extension
 - Shoulder Straps
 - Crest Pads
 - Spinal Relief
 - Paraspinal Reinforcements
 - Other _____
- MATERIAL**
- Plastic Type _____
 Transfer Type _____
 Liner
 Type: _____
- ABDOMINAL RELIEF**
- SM MD LG
 - Other _____

- SCAN SENT**
- Yes
 - No
- TRIM**
- CDC Trim
 - Practitioner Trim
- MEASUREMENTS TAKEN**
- Standing
 - Supine

Manual: English Spanish

