

Bill To: _____
Address: _____

Ship To: _____
Address: _____

Practitioner: _____
Phone #: _____

Patient Name: _____

Height: _____ Left Male
 Weight: _____ Right Female
 Age: _____ Bilateral

Order Date: _____
In-Office Request Date: _____ am pm
OPS invoice / NG encounter: _____

HIP ORTHOSIS

- Cast Modification
- Abduction Orthosis Unilateral
- Abduction Orthosis Bilateral
- HAHO
- Sitting Orthosis
- Scottish Rite

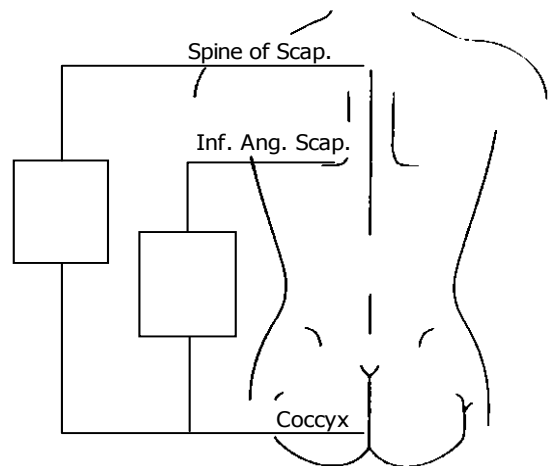
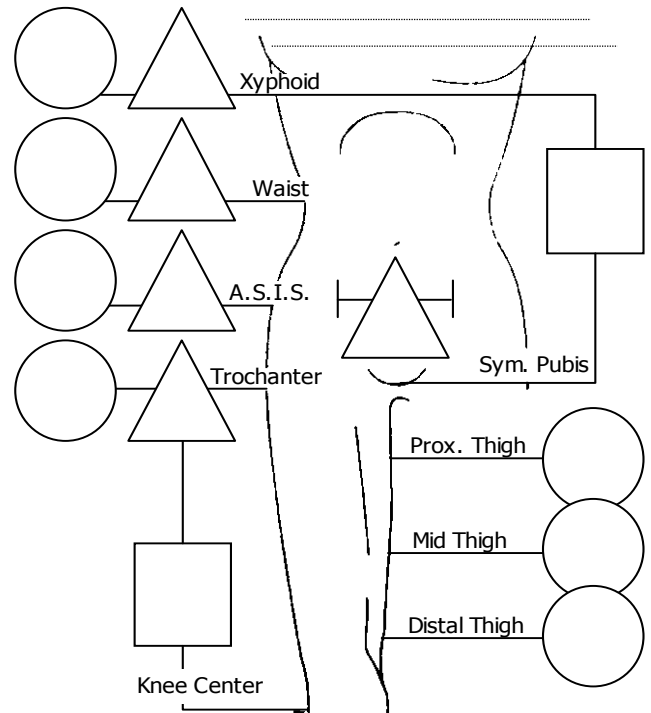
ADDS

- Add Ball Retainer
- Add Liner
- Add Drop Lock
- Add Spreader Bar
- Add Straight Bar
- Add Reinforcement Panel
- Add Pelvic Band
- Add Growth Extension
- Add Dacron Reinforced Strap
- Add Leather Reinforced Strap
- Add Colored Plastic
- Add Decal Application

HIP JOINTS

- Fillauer Free Motion Adjustable Hip Joint ea.
- Lerman Hip Joint
- Thrustbearing Hip Joint
- Drop Lock Hip Joint ea.
- Other _____

SPECIAL INSTRUCTIONS:



**For a HTLSO please use a
TLSO Order Form**