

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

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

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

**Patient Name:** \_\_\_\_\_  
**Order Date:** \_\_\_\_\_

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

**io** 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 Aliplast
  - Prox & distal trims flared
  - Velcro closures
  - Finished trimmed
- STANDARD TWO-PIECE**  
**Standard Two-Piece Body Jacket Includes:**
- 5/32 Modified PE
  - 1/4 Aliplast
  - 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  High Profile  Finished  
 LSO  Low Profile  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

