CUSTOM SPINAL ORD	ER FORM	ORDER TAKEN BY	Y:	TIME:
Facility Name		Account #	Co	ntact:
Due Date: Shi				
Ship to Address:			City:	
· · · · · · · · · · · · · · · · · · ·	Fa	x:	Email:	
PATIENT INFORMATION				
Name:	Age:	Height:	Weight:	Sex:
Diagnosis:				
ORTHOSIS TYPE Trim Style: LSO TLSO CTLSO Hip Spica	Other	An	torior Docian	
Opening: Bivalve (Step) Bivalve (Smooth) Bivalve (Tongues):	A-P P-A		terior Design:	
Anterior Anterior (Tongue) Anterior Overla			Neutral () () () () () ()
	Single Opening Soft Boo	·	Flexion ()	
Thoracic (Chest): ☐ Full Front ☐ Low Profile ☐ Cutout ☐ Ster SPK w/ Extension ☐ PPK w/ Extension	_	arradicit (i i i i)	endulous Jodomen	7 (7 (7 (7 (7
Degree of Lordosis:			SMALL	ROP MEDIUM LARGE X-LARGE XX-LARGE
MATERIAL SPECIFICATIONS	OPTIONS	& ATTAC		_
Plastic: LDPE MPE HDPE Copoly Other: Plastic Gauge: 1/8 5/32 3/16 Other:				Closure System C- Fold
Liner (Aliplast): Unlined 1/8 3/16 1/4 Other:			nded11½**2" [dy Rivet Copper Rivet	Anterior Posterior
FINISH-TO BOX	Ventilation:		Posterior None	
FINISH TO: LSO TLSO Finish to Anaton	mical Shoulder Straps:	Yes No		
Waist to Sternal Notch Measurements	Under Axilla Straps			
Waist to Axilla Finish to OPTE Waist to Xyphoid Measurements		Minerva Adult		Dura Patata a sa sa
Waist to SymPubis	loint Type	Drop Lock: Becker	Attached Unattached TLC Standard	TLC Long
Waist to Sylin adds Waist to Superior Scap Use Measurem in Finish-To Bo:	ents		_	
Waist to Inferior Scap		☐ Iliac Crest ☐ Pub	ois (Flare) Waist Pads	Other
Waist to Seat	Other:			_
CIR W/L	T RESULTS PLEASE CON	IPLETE ALL MEASUREI	MENTS)	
AXILLA ANT. LIN	IEAR			POS. LINEAR
	\longrightarrow	STERNAL NOTCH .	T1+€ T2+ T3+€	SUPERIOR SCAP
NIPPLE LINE		AXILLA	T4← T5← 15←	
	_o	. / ↑′ ┌┴	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	INFERIOR SCAP
XYPHOID			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			T12← L1←	
WAIST (SNUG) WAIST			WAIST L2← L3← L4←	WAIST
WAIST	(¬	
ASIS		<u> </u>	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	COCCYX
TROCHANTER	Asis	ASIS		
THE STATE OF THE S		SYM PU	JBIS	GLUTEAL FOLD
PROXIMAL]	\	
TROXIMAL]		\
DISTAL	\	/ Bra Cup S	ize \ /	1 1
	, MISSOSIII		MEASUREMENT:	S TAKEN: STANDING SUPINE
FAX THIS FORM	TO (87	7) 222	-4107	Fabricated By:
PHONE: 888-982-8181	• www.d	7) 200 DPTECUS		Inspected By:

CUSTOM SPINAL ORDER	FORM	ORDER TAKEN BY	/: 	TIME:
Facility Name		Account #	Con	tact:
Due Date: Ship Via:			PO #·	
· ·				
Ship to Address:			City:	
State: Zip Code: Phone:	Fa	x:	Email:	
PATIENT INFORMATION		11.1.1	W	
Name:	Age:	Height:	Weight:	Sex:
Diagnosis: ORTHOSIS TYPE				
	ther	-		
Anterior Anterior (Tongue) Anterior Overlap SALO Ant. Opening SALO Bivalve Soft Body Single (ly Bivalve Fi	terior Design: leutral lexion	
Thoracic (Chest): Full Front Low Profile Cutout Sternal Pac	_	all da Ric (I I IV)	endulous bdomen) () () () ()
SPK w/ Extension PPK w/ Extension Sw Degree of Lordosis:(15			SMALL DR	OP MEDIUM LARGE X-LARGE XX-LARGE
MATERIAL SPECIFICATIONS	OPTIONS	& ATTACI		
Plastic: LDPE MPE HDPE Copoly Other: Plastic Gauge: 1/8 5/32 3/16 Other: Liner (Aliplast): Unlined 1/8 3/16 1/4 Other:	Straps (Closure): Chafes (Loops): Closure Attachmen	Standard Exten	dy Rivet Copper Rivet	Closure System
FINISH-TO BOX Finish to Anatomical	Ventilation: Shoulder Straps:	☐ Both ☐ Anterior ☐ Yes ☐ No	Posterior None	
FINISH TO: LSO TLSO Measurements	Under Axilla Straps			
Waist to Sternal Notch Finish to OPTEC	Cervical Options:	Minerva Adult	Minerva Pediatric	
Waist to Xyphoid Measurements	Hip Spica:		Attached Unattached	
Waist to Sym Pubis Use Measurements	Joint Type:		TLC Standard	TLC Long
Waist to Superior Scap in Finish-To Box Waist to Inferior Scap		Attached Una		Other
Waist to Seat	Other:			
CIR M/L (FOR BEST RES		PLETE ALL MEASUREM	MENTS)	~
ANT. LINEAR PROXIMAL		AXILLA AXILLA STERNAL NOTCH AXILLA SYM PU	T11- T12- T3- T3- T6- T7- T8- T9- T10- T11- T112- T112- L1- L2- L3- L4- L5-	POS. LINEAR SUPERIOR SCAP INFERIOR SCAP WAIST COCCYX GLUTEAL FOLD
FAX THIS FORM T PHONE: 888-982-8181 .	O (87	7) 288	MEASUREMENTS	TAKEN: STANDING SUPINE Fabricated By: Inspected By: Shipped By: