



**Hours of Operation**  
**Monday to Friday** 8:30AM - Midnight (EST)\*  
**Saturday** 10AM - 9PM (on-call after 9PM)  
**Sunday & Holidays** On Call Service

\*Taking Custom TLSO Orders until 10 PM EST for Next Day Delivery.

Spinal Technology, Inc. 191 Mid Tech Drive West Yarmouth MA 02673  
 Spinal Systems, Inc. 8075 National Turnpike Louisville KY 40214

800 253 7868 /Tech Direct 508 775 0990 /Tel 888 775 0588 / Fax

# Scoliosis / Kyphosis Form

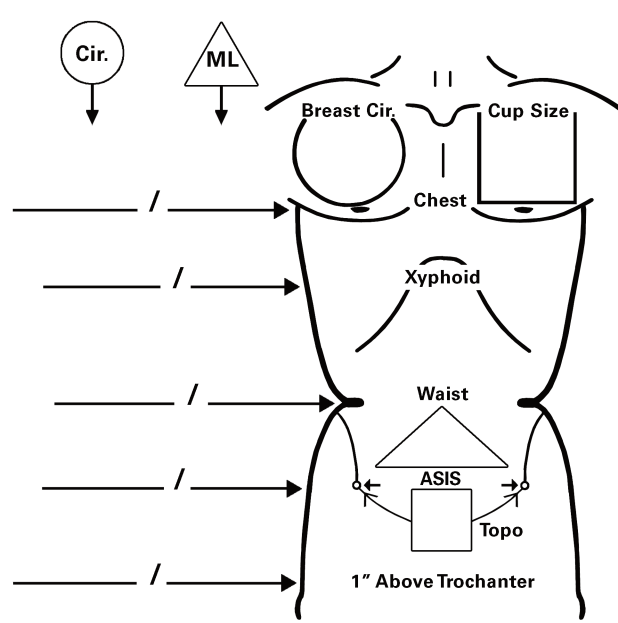
|         |  |                  |                     |
|---------|--|------------------|---------------------|
| Ship To |  | Pt. Name         | Next Day Air        |
|         |  | Customer Acct. # | Next Day Air Saver  |
|         |  | PO #             | Next Day Early A.M. |
|         |  | Ordered By       | 2nd Day Air         |
|         |  | Telephone        | 2nd Day Air A.M.    |
|         |  |                  | 3rd Day             |
|         |  |                  | Ground              |
|         |  |                  | Saturday Delivery   |
|         |  |                  | Saturday Early A.M. |
|         |  | Internal Use     | Due Date            |

|                   |                 |                  |                 |                        |       |         |
|-------------------|-----------------|------------------|-----------------|------------------------|-------|---------|
| <b>Opening:</b>   | <b>Anterior</b> | <b>Posterior</b> |                 | <b>Body Sock:</b>      | Small | Medium  |
| <b>Finished</b>   | Plastic Type    | Thickness        | Liner Thickness | <b>Quantity:</b> _____ | Large | X-Large |
| <b>Unfinished</b> |                 |                  |                 |                        |       |         |

|                                   |  |             |  |
|-----------------------------------|--|-------------|--|
| <b>Plastic Transfer / Decals:</b> | <b>Milwaukee Superstructure (Scoliosis/Kyphosis)</b>   |             | <b>Low Profile TLSO (Kyphosis)</b><br><br>With Adjustable Anterior Sternal Shield & Posterior Reinforcements |
| <b>Straps:</b> 1" 1 1/2" 2"       | <b>Neck Ring:</b> High Profile   | Low Profile |  |
| <b>Pads:</b> Soft Firm            | <b>Kyphosis Pad:</b> 1. Floating Pad With Anterior Outrigger 2. Static Pads Attached to Posterior Uprights |             |  |
| Lumbar Troch                      | Thoracic Axilla  |             |  |

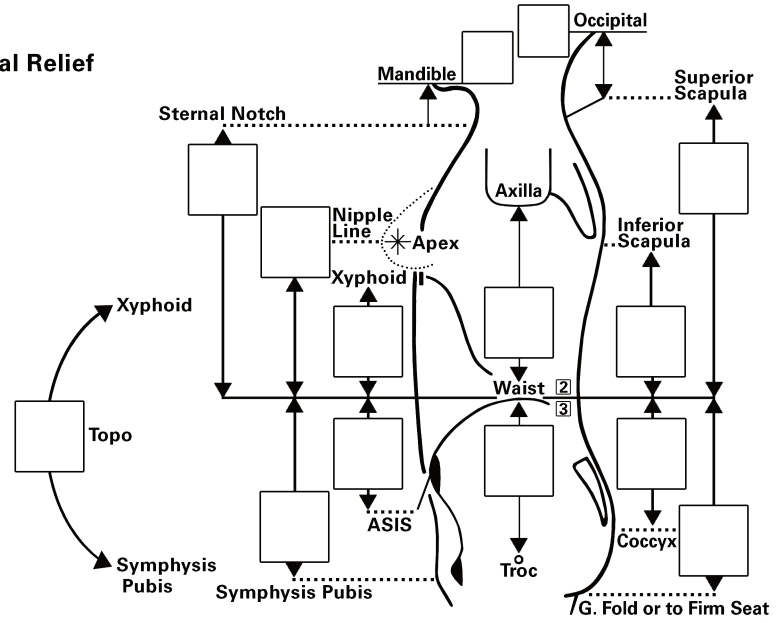
|                             |                      |
|-----------------------------|----------------------|
| <b>Shape &amp; Reliefs:</b> | <b>Instructions:</b> |
|                             |                      |
|                             |                      |
|                             |                      |

|   |  |
|---|--|
| <input type="checkbox"/> Check box if Patient is a current or previous brace wearer | <b>Diagnosis / Curve Type:</b>                                       |
| Male Female Age Hgt. Wgt.   | For Milwaukee Neck: ML _____ AP _____                                |
| Lordosis: 15° Other: _____  | Meas. Taken: Standing Supine Finish Trim Lines: Customer Spinal Tech |



**Abdominal Relief (if required)**

- Pend
- Full
- Small
- Med
- Lg
- X-Lg



By Cast  Mold # \_\_\_\_\_ M \_\_\_\_\_ P \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ QC \_\_\_\_\_

E-mailed X-Ray / X-Ray / Disc