



Providence® Orthometry Form

EMAIL ORDERS TO: orders@spinaltech.com

191 Mid Tech Drive West Yarmouth, MA 02673
8075 National Turnpike Louisville, KY 40214

Ship To

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

Opening Anterior w/ Tongue		Body Sock:		Small	Medium
				Large	X-Large
Style Finished	Straps	Quantity: _____			
Plastic Type	Plastic Thickness	Liner Thickness	Pressure Strips	Blue Mat (Conical)	
Plastic Transfer/Decals:					
Male	Female	Age	Hgt.	Wgt.	

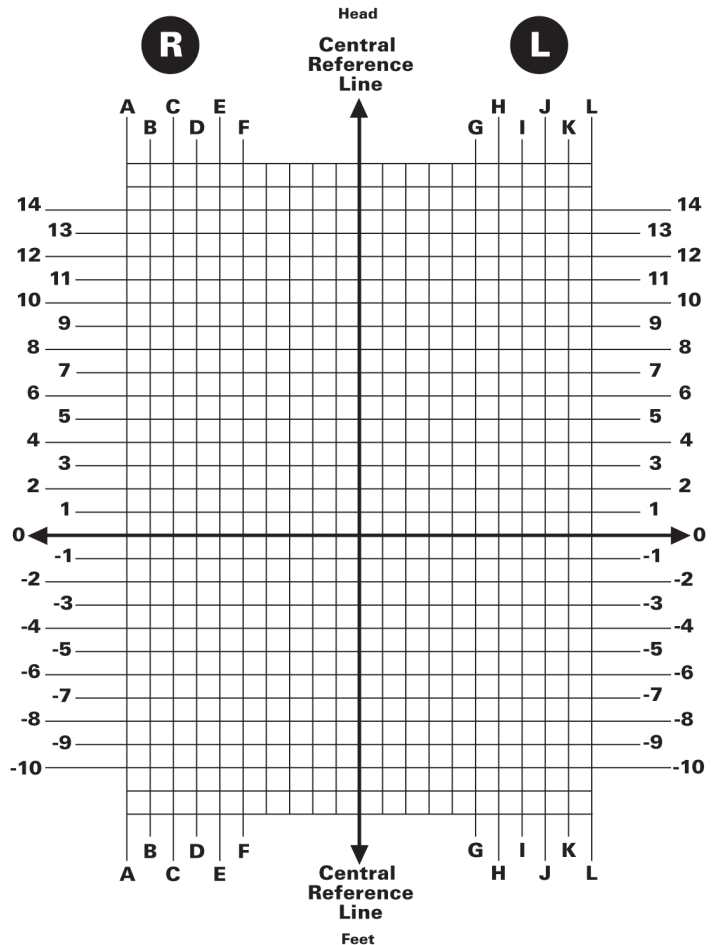
Pad Placement with Board		
Stabilizing Pads	Column (down)	Row (across)
Axilla		
Trochanter Pad		
Pressure Pads	Column (down)	Row (across) Distance
Lumbar Pad		0
Thoracic Pad		

Instructions

Check box if Patient is a current or previous brace wearer

Check box if Pediatric Blocks were used

Measurements		Curve Analysis	
Cir		Thoracic Curve: L or R	
Axilla	<input type="text"/>	Thoracic Apex: T_____	
Xyphoid	<input type="text"/> A/P	Lumbar Curve: L or R	
	Xyphoid Level	Lumbar Apex: L_____	
Waist	<input type="text"/>	Thoracolumbar Curve: L or R	
ASIS	<input type="text"/> A/P	Thoracolumbar Apex: L1 or T12	
Troch	<input type="text"/> ASIS Level		
	Xyphoid		
	Waist/Row		
	Pubis		



Length and A/P Measurements taken with patient on board and pressure pads in place.

By Cast Mold # _____ M _____ P _____ F _____ S _____ QC _____

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