



# Scoliosis / Kyphosis Form

EMAIL ORDERS TO: [orders@spinaltech.com](mailto:orders@spinaltech.com)

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Ship To

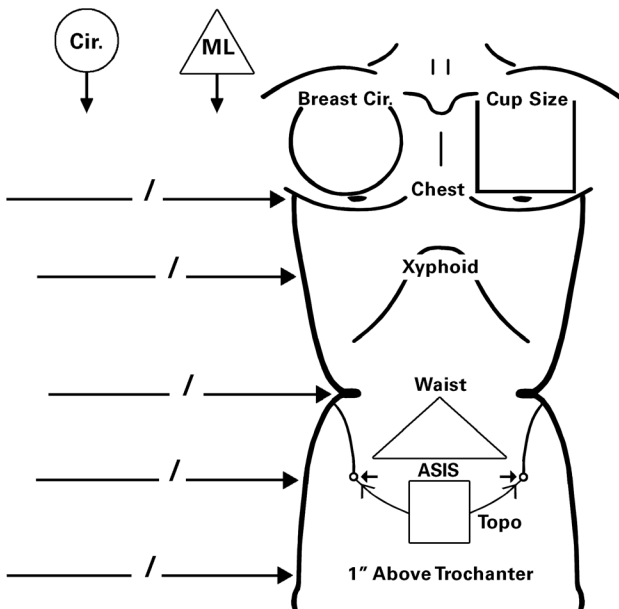
Pt. Name		Next Day Air
Customer Acct. #		Next Day Air Saver
PO #	Shipping Alert	Next Day Early A.M.
Ordered By		2nd Day Air
Telephone	Internal Use	2nd Day Air A.M.
		3rd Day
		Ground
		Saturday Delivery
		Saturday Early A.M.
		Due Date

<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>  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	Thoracic		
Troch	Axilla		

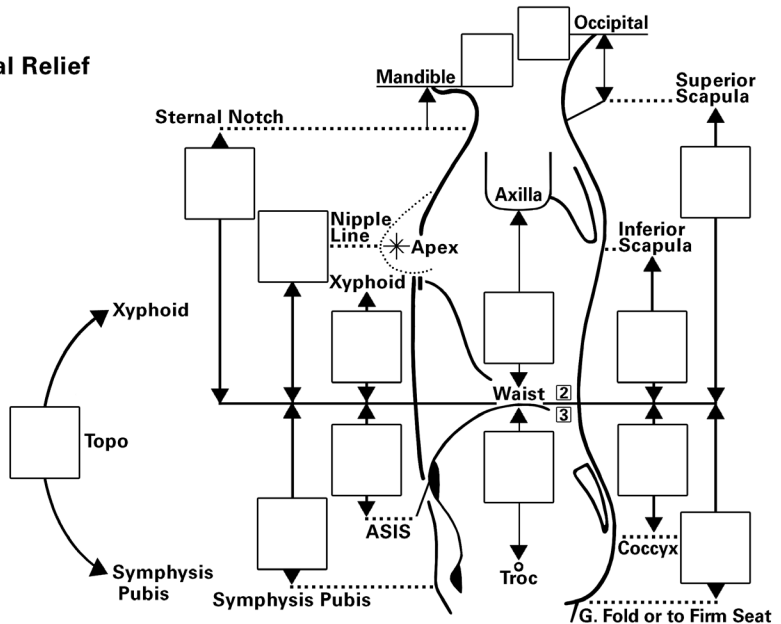
<b>Shape &amp; Reliefs:</b>	<b>Finish Instructions:</b>

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