



Custom Hip Orthometry Form

EMAIL ORDERS TO: orders@spinaltech.com

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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.
Internal Use		3rd Day
Due Date		Ground
Due Date		Saturday Delivery
Due Date		Saturday Early A.M.

Check box for **Flex Foam®** | **1. Ext. Frame** | **2. Int. Frame** | **3. No Frame** | **Body Sock:** Quantity _____ Small | Medium | Large | X-Large

Anterior Overlap Single Opening | Anterior w/ Tongue Single Opening | Posterior Opening Single Opening | Lateral Opening L / R Single Opening | Posterior Section w/ Corset or Soft Ant.

Bi-Valve: Smooth or Step Overlap or Open w/Tongues | Anterior Over Posterior | Anterior Into Posterior | Trim Foam on Overlap

Info:

Low Profile (LSO)	High Profile (TLSO)	Unfinished	FINISHED
Plastic Type	Thickness	Liner Thickness	Foam Waist Pads
			PR's
			Spinal Surgery Relief
			Built-In Relief
			Foam Insert Strips

Transfer/Decals:

Straps: 1" | 1 1/2" | 2" | **Extended Chafes:** Plastic or Dacron | Please circle one **Static Spica** | **Hip Joint**

Sternal Shield: Straps Axilla or Shoulder | **Cervical Ext:** Lerman Type | **Other:** _____

Finish Instr: _____

Flexion: _____

Abduction: _____

Thigh: L R

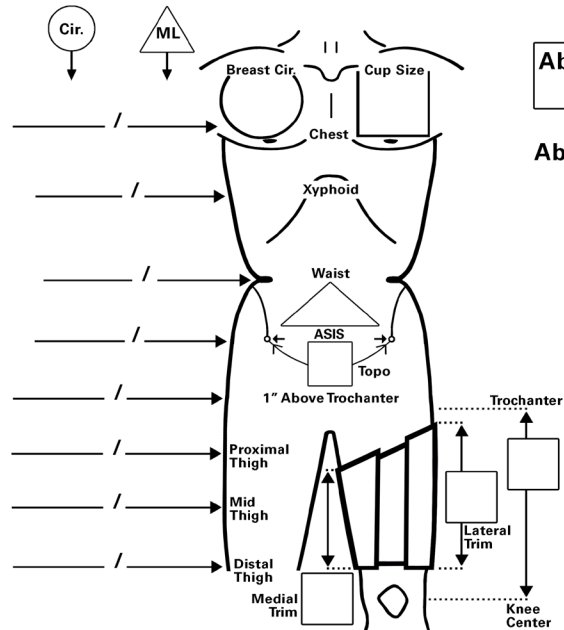
Hip Joint Type: _____

Shape & Reliefs:

Male | Female | Age | Hgt. | Wgt. | **Diagnosis:** _____

Check for Condyle Extension

Lordosis: 15° | **Other:** _____ | **Meas. Taken:** Standing | Supine | **Finish Trim Lines:** Customer | Spinal Tech



Abdominal Binder

Abdominal Relief
(if required)

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

