Spinal Technology

SpinalTechnology.com

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Scoliosis / Kyphosis Form

Pt. Name	Due Date – –
Customer Acct. #	Shipping Method
PO #	Shipping Alert
Ordered By	
Telephone ( ) –	Internal Use

Ship To

Posterior Opening Style:

Finish:

Body Sock: Qty:
Size:

Anterior Opening Style:

Plastic Type & Thickness:

Transfer/ Decals:

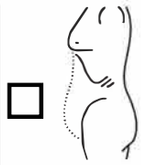
Liner Thickness:

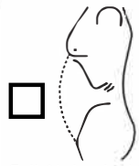
Finish Instructions:

Shapes & Reliefs:

Abdominal Shape & Size (if required)

☐ Neutral Front 

☐ Pendulous Front 

☐ Full Abdominal Front 

Abdominal Relief Size:

☐ **Check box if Patient is a current or previous brace wearer**

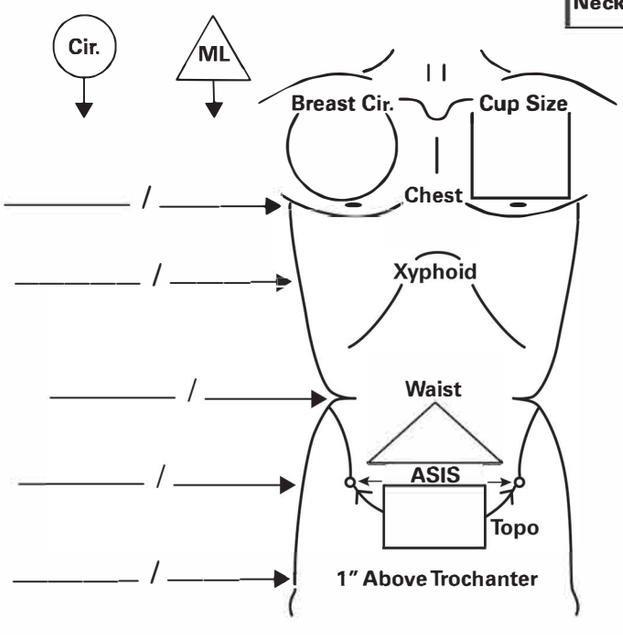
Brace Design	**Pads:**	**Axilla:**	**Thoracic Pad:**	**Thoracic Apex:**	**Lumbar Pad:**	**Lumbar Apex:**	**Troch Ext:**

Sex: | Age | Hgt. | Wgt. | **Diagnosis:**

Lordosis: ☐ 15° **Other:** | **Measurements Taken:** | **Finish Trim Lines to**

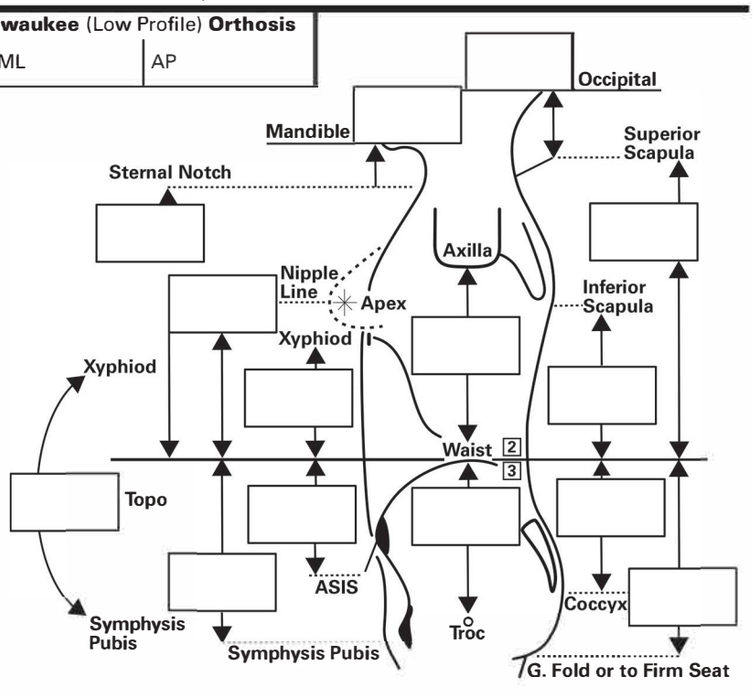
Measurements

☐ Inch. ☐ Cent.



For Milwaukee (Low Profile) **Orthosis**

Neck: ML | AP



Internal Use Only By: ☐ **Cast** ☐ **Disc** ☐ **Emailed X-Ray** ☐ **X-Ray**

M _____ F _____ QC _____

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