

**Providence® Orthometry Form**

**EMAIL ORDERS TO: orders@spinaltech.com**

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 8075 National Turnpike Louisville, KY 40214

Ship To

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

<b>Opening: Anterior w/ Tongue</b>	<b>Body Sock:</b>
<b>Style: Finished w/ Straps</b>	Qty: _____
<b>Plastic &amp; Liner: Standard - 1/8" Co-Poly, 1/4" Liner</b> If requesting something different, please call.	
<b>Plastic Transfer/Decals:</b>	
Pressure Strips	Blue Mat (Conical)
Sex	Age   Hgt.   Wgt.

**Curve Analysis**

Thoracic Curve:  Thoracic Apex: T \_\_\_\_\_  
 Lumbar Curve:  Lumbar Apex: L \_\_\_\_\_  
 Thoracolumbar Curve:  Thoracolumbar Apex:

**Pad Placement on Board**

	Column (down)	Row (across)	Distance
			Inch. Cent.
<b>Stabilizing Pads</b>			
Axilla	<input type="text"/>	<input type="text"/>	
Trochanter Pad	<input type="text"/>	<input type="text"/>	
<b>Pressure Pads</b>			
Lumbar Pad	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
Thoracic Pad	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Instructions**

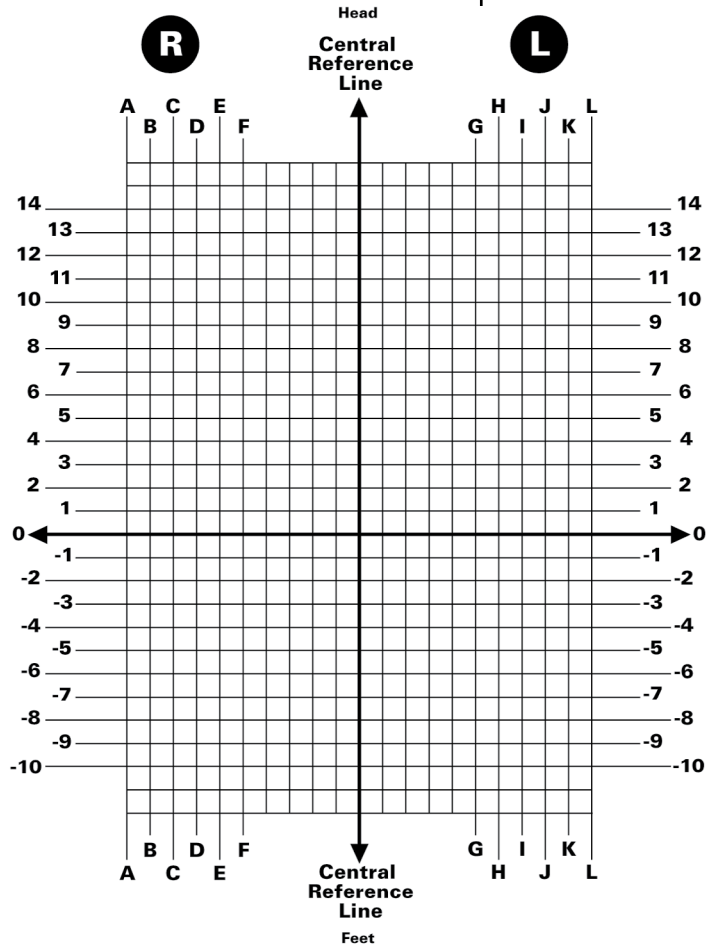
Check box if Patient is a current or previous brace wearer  Check box if Pediatric Blocks were used

**Measurements**

Inch. Cent.

	Cir	A/P	Length
Axilla	<input type="text"/>		
Xyphoid	<input type="text"/>	<input type="text"/>	Xyphoid <input type="text"/>
Waist	<input type="text"/>	Xyphoid Level	Waist/Row 0 <input type="text"/>
ASIS	<input type="text"/>	ASIS Level	Pubis <input type="text"/>
Troch	<input type="text"/>		

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



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

M \_\_\_\_\_ F \_\_\_\_\_ QC \_\_\_\_\_



Mold# \_\_\_\_\_ P \_\_\_\_\_ S \_\_\_\_\_