

# Scoliosis / Kyphosis Form

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

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

**Posterior** Opening Style: \_\_\_\_\_ **Finish:** \_\_\_\_\_ **Body Sock:** Qty: \_\_\_\_\_  
 Size: \_\_\_\_\_

**Anterior** Opening Style: \_\_\_\_\_

**Plastic Type & Thickness:** \_\_\_\_\_ **Transfer/Decals:** \_\_\_\_\_ **Liner Thickness:** \_\_\_\_\_

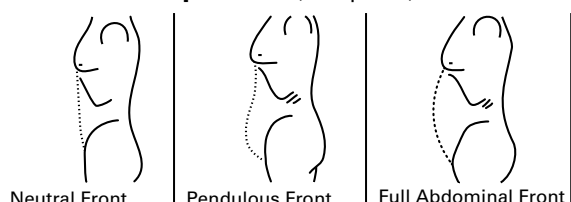
**Finish Instructions:**

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**Shapes & Reliefs:**

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**Abdominal Shape & Size (if required)**



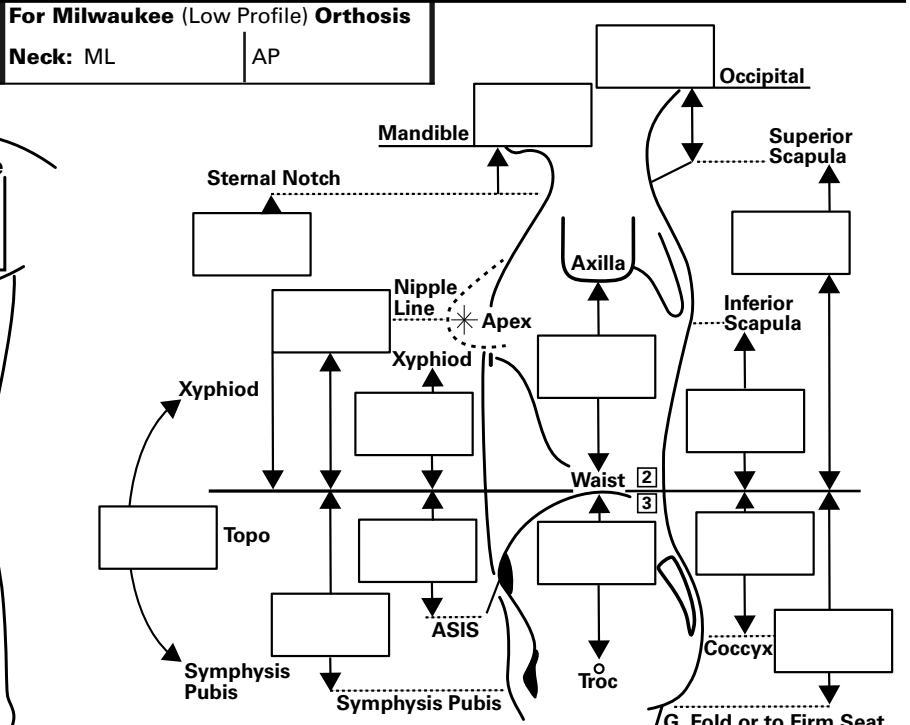
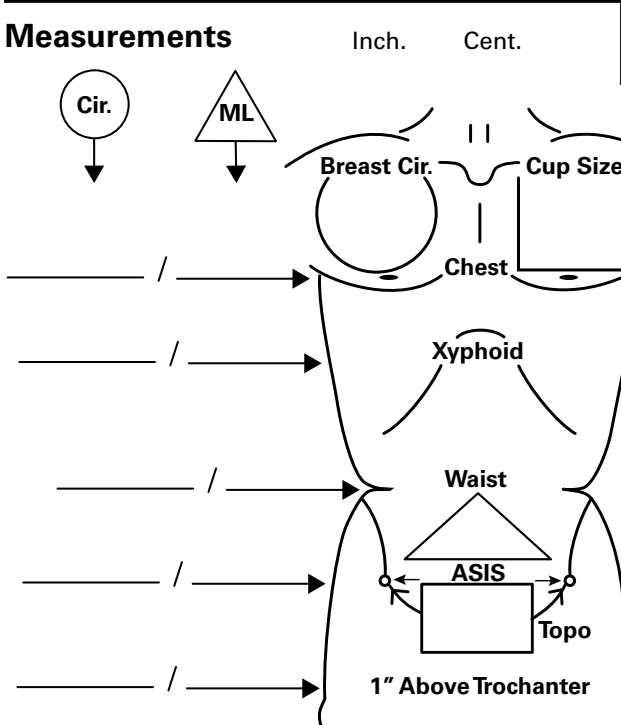
Abdominal Relief Size: \_\_\_\_\_

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

<b>Brace Design</b>	<b>Pads:</b>	<b>Axilla:</b>	<b>Thoracic Pad:</b>	<b>Thoracic Apex:</b>	<b>Lumbar Pad:</b>	<b>Lumbar Apex:</b>	<b>Troch Ext:</b>
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**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Hgt:** \_\_\_\_\_ **Wgt:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Lordosis:** 15° **Other:** \_\_\_\_\_ **Measurements Taken:** \_\_\_\_\_ **Finish Trim Lines to:** \_\_\_\_\_



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

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

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**Mold#** \_\_\_\_\_ P \_\_\_\_\_ S \_\_\_\_\_ TM.10.22