



Providence® 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	
		Ground	
		Saturday Delivery	
		Saturday Early A.M.	
		Due Date	

Opening Anterior w/ Tongue		Body Sock: Small Medium	
		Large X-Large	
Style Finished	Straps	Quantity: _____	
Plastic Type	Plastic Thickness	Liner Thickness	Pressure Strips
			Blue Mat (Conical)
Plastic Transfer/Decals:			
Male	Female	Age	Hgt. Wgt.

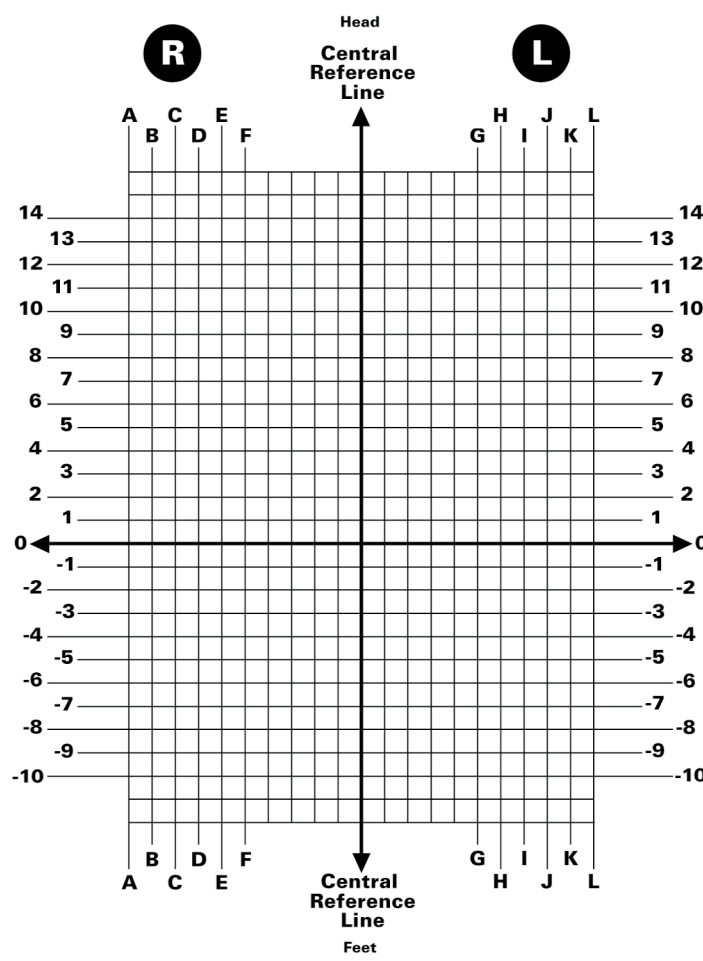
Pad Placement with Board		
Stabilizing Pads	Column (down)	Row (across)
Axilla		
Trochanter Pad		
Pressure Pads	Column (down)	Row (across) Distance
Lumbar Pad		0
Thoracic Pad		

Instructions

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

Measurements		Curve Analysis	
Cir		Thoracic Curve: L or R	
Axilla	<input type="text"/>	Thoracic Apex: T_____	
	A/P <input type="text"/>	Lumbar Curve: L or R	
Xyphoid	<input type="text"/>	Lumbar Apex: L_____	
	Xyphoid Level <input type="text"/>	Thoracolumbar Curve: L or R	
Waist	<input type="text"/>	Thoracolumbar Apex: L1 or T12	
	Waist/Row <input type="text"/>		
ASIS	<input type="text"/>		
	A/P <input type="text"/>		
Troch	<input type="text"/>		
	ASIS Level <input type="text"/>		
Pubis <input type="text"/>			

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



By Cast Mold # _____ M _____ P _____ F _____ S _____ QC _____

E-mailed X-Ray / X-Ray / Disc