

PATIENT INFORMATION			
Today's Date:	Due Date:	Account #:	P.O. #:
Patient Name:	Facility:	Practitioner:	
Patient ID#:	Bill To:	Ship To:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Is cast ready to be poured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Height:	Weight:	Other Info:

SPINAL ORDER DESCRIPTION	
<b>① Jacket Type:</b> <input type="checkbox"/> N/A Closure: <input type="checkbox"/> LSO <input type="checkbox"/> TLSO <input type="checkbox"/> CTLSO <input type="checkbox"/> Anterior Open <input type="checkbox"/> Posterior Open <input type="checkbox"/> Bivalve interlock <input type="checkbox"/> Bivalve sliding Correction: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ Lordosis: _____ Openings: <input type="checkbox"/> Chest <input type="checkbox"/> Breast <input type="checkbox"/> Feeding tube	<b>② Materials:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Polypro <input type="checkbox"/> Polyeth <input type="checkbox"/> Copoly <input type="checkbox"/> LLDPE(modpe) Thickness: <input type="checkbox"/> 1/8" <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" Lining: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>thickness and material</small> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <small>thickness and material</small> _____ Tongue: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>thickness and material</small> _____ Bivalve: <input type="checkbox"/> Anterior <small>thickness and material</small> _____ <input type="checkbox"/> Posterior <small>thickness and material</small> _____ Color: <input type="checkbox"/> Natural(white) <input type="checkbox"/> Other: _____ Straps: <input type="checkbox"/> Dacron backed <input type="checkbox"/> Leather backed <input type="checkbox"/> Attached <input type="checkbox"/> Unattached Strap Color: _____ Ribbon #: _____ Strap Size: <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" Ventilate: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ Scolio Options: <input type="checkbox"/> Lyon <input type="checkbox"/> Milwaukee <input type="checkbox"/> Rosenberg <input type="checkbox"/> Wilmington

**ADDITIONAL INSTRUCTIONS :**

\_\_\_\_\_

\_\_\_\_\_

