PRO-TECH ORTHOPEDICS SCOLIOSIS MEASUREMENT FORM

CUSTOMER INFORMATION

SHIPPING PREFERENCE

M/L

Axilla

Nipple Line

Xyphoid

Lower Rib

Trochanter

Waist

ASIS

Circ.

COMPANY NAME		
PO #	ACCOUNT #	
CONTACT PERSON		
SHIP TO		
PHONE	FAX	
REQUESTED DELIVERY DATE		

PATIENT INFORMATION

DATE			
PATIENT NAME			
DIAGNOSIS			
HEIGHT	WEIGHT	SEX	AGE

- ABDOMINAL RELIEF -







ORTHOSIS DESIGN

Type of Orthosis:

□ LSO □ TLSO

Lordosis: ☐ 15° ☐ Other		
Material:	Thickness:	

Liner:

Sternal Notch

Xyphoid

Waist

Sym\Pubis

□ 1/8" □ 3/16" □ 1/4"

Opening:

☐ Anterior ☐ Posterior

Finished: ☐ Yes ☐ No

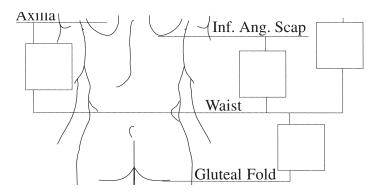
Options:

☐ Sternal Shield ☐ Axilla Staps

☐ Posterior Reinforcements ☐ Transfer Paper

Torso Sock: Size _____ Quantity _____

Special instructions or remarks: _____



Finished Measurements

Waist to Sternal Notch: Waist to Xphoid: Waist to Spine of Scapula: Waist to Inf. Angle:

Waist to Pubis: Waist to Gluteal Fold:

Waist to Axilla: Waist to Greater Trochanter:

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Mold #	Modified by	
Finished by		