

PRO-TECH ORTHOPEDICS SPINAL MEASUREMENT FORM

CUSTOMER INFORMATION

COMPANY NAME _____

PO # _____

ACCOUNT # _____

CONTACT PERSON _____

SHIP TO _____

PHONE _____

FAX _____

REQUESTED DELIVERY DATE _____

SHIPPING PREFERENCE _____

PATIENT INFORMATION

DATE _____

PATIENT NAME _____

DIAGNOSIS _____

HEIGHT _____

WEIGHT _____

SEX _____

AGE _____

– ABDOMINAL RELIEF –



☐ NEUTRAL



☐ SLIGHT



☐ SMALL



☐ MEDIUM



☐ LARGE



☐ FULL

ORTHOSIS DESIGN

Type of Orthosis:

- ☐ LSO ☐ TLSO ☐ CTLSO ☐ Hip Spica ☐ R ☐ L
☐ Soft Spinal ☐ Frame ☐ Internal ☐ External
☐ Stays ☐ Permanent ☐ Removable

Lordosis: ☐ 15° ☐ Other _____

Material: _____ Thickness: _____

Liner:

- ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐ Unlined ☐ 1/8" Firm Volara

Opening:

- ☐ Bivalve (smooth) ☐ Bivalve (step)
☐ Lateral ☐ Anterior ☐ Posterior
☐ Anterior Overlap ☐ Tongue

Finished: ☐ Yes ☐ No

Options:

- ☐ Sternal Shield ☐ Axilla Straps ☐ Shoulder Straps
☐ Posterior Reinforcements ☐ Transfer Paper
☐ Type of Joint: _____

Breasts Built Into Orthosis?

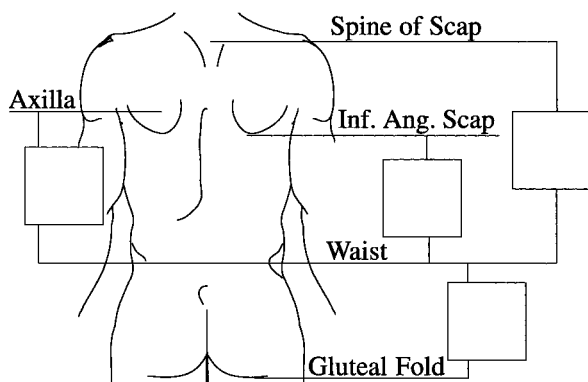
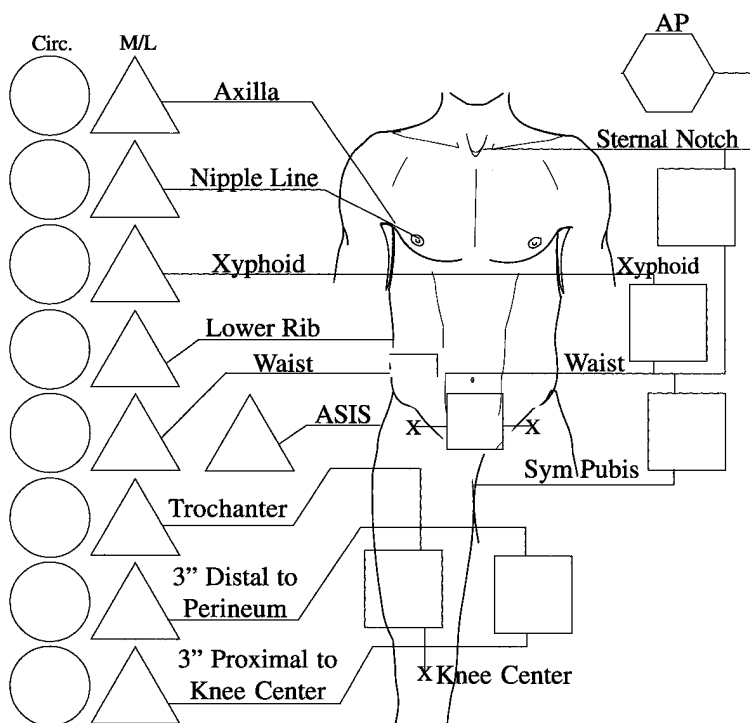
Bra Cup Size _____ Waist to nipple _____

Torso Sock: Size _____ Quantity _____

Special instructions or remarks:

Finished Measurements

Waist to Sternal Notch: _____ Waist to Spine of Scapula: _____
 Waist to Xphoid: _____ Waist to Inf. Angle: _____
 Waist to Pubis: _____ Waist to Gluteal Fold: _____
 Waist to Axilla: _____ Waist to Greater Trochanter: _____



Mold # _____ Modified by _____

Finished by _____