

CUSTOM SPINAL ORDER FORM

ORDER TAKEN BY: _____

TIME: _____

Facility Name _____ Account # _____ Contact: _____

Due Date: _____ Ship Via: _____ P.O. #: _____

Ship to Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Name: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Diagnosis: _____

ORTHOSIS TYPE

Trim Style: LSO TLSO CTLSO Hip Spica Other _____

Opening: Bivalve (Step) Bivalve (Smooth) Bivalve (Tongues): A-P P-A
 Anterior Anterior (Tongue) Anterior Overlap Posterior Scoliosis
 SALO Ant. Opening SALO Bivalve Soft Body Single Opening Soft Body Bivalve

Thoracic (Chest): Full Front Low Profile Cutout Sternal Pad Kit (SPK) Pectoral Pad Kit (PPK)
 SPK w/ Extension PPK w/ Extension Swivel Mount Other: _____

Anterior Design:

Neutral
 Flexion
 Pendulous Abdomen

SMALL DROP MEDIUM LARGE X-LARGE XX-LARGE

Degree of Lordosis: _____ (15 Degree Standard)

MATERIAL SPECIFICATIONS

Plastic: LDPE MPE HDPE Copoly Other: _____
 Plastic Gauge: 1/8 5/32 3/16 Other: _____
 Liner (Aliplast): Unlined 1/8 3/16 1/4 Other: _____

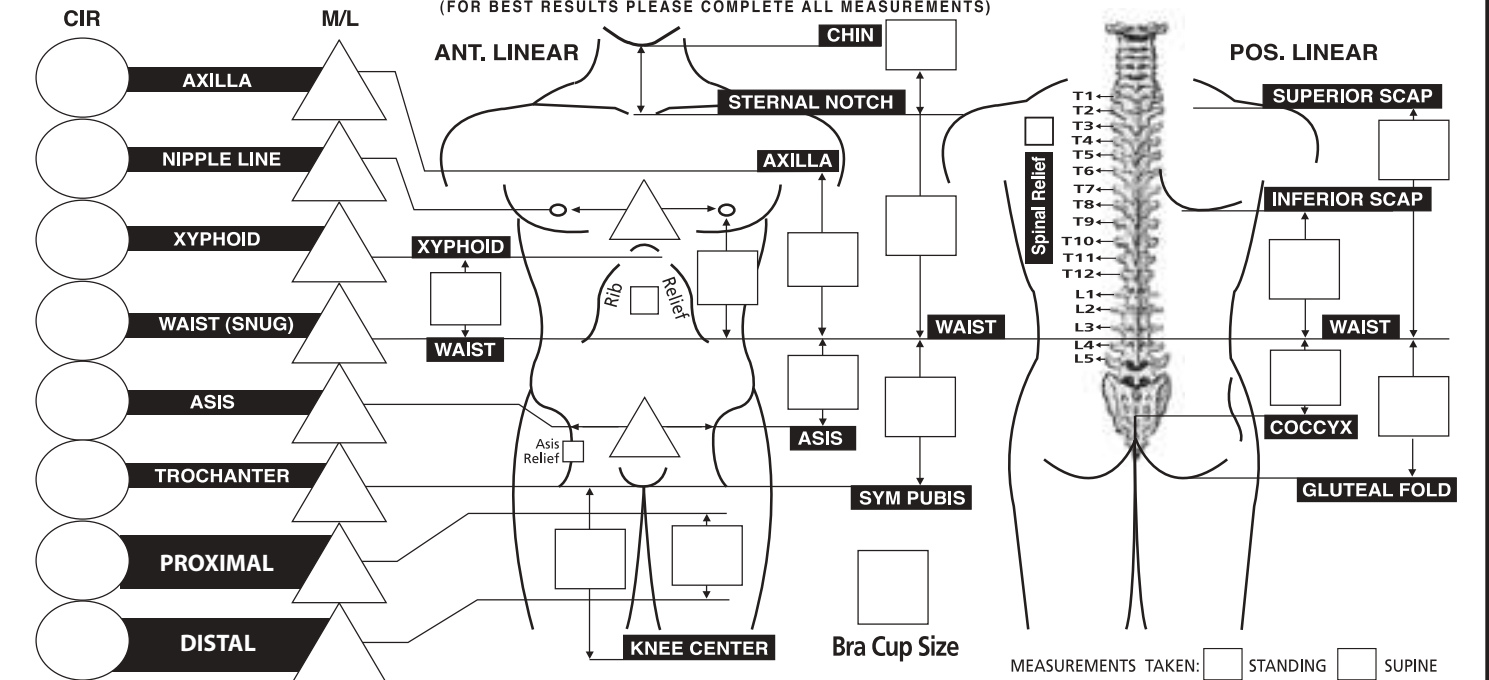
OPTIONS & ATTACHMENTS

Straps (Closure): Attached Unattached None Edge Closure System C-Fold
 Chafes (Loops): Standard Extended 1 1/2" 2" Anterior Posterior
 Closure Attachment: Screws Speedy Rivet Copper Rivet
 Ventilation: Both Anterior Posterior None
 Shoulder Straps: Yes No
 Under Axilla Straps: Yes No
 Cervical Options: Minerva Adult Minerva Pediatric
 Hip Spica: Right Left Attached Unattached Hip Reinforcement
 Joint Type: Drop Lock: Becker TLC Standard TLC Long
 Pneumatic Bladder: Attached Unattached
 Reliefs & Buildups: Iliac Crest Pubis (Flare) Waist Pads Other _____
 Other: _____

FINISH-TO BOX

FINISH TO:	LSO	TLSO
Waist to Sternal Notch	_____	_____
Waist to Axilla	_____	_____
Waist to Xyphoid	_____	_____
Waist to Sym Pubis	_____	_____
Waist to Superior Scap	_____	_____
Waist to Inferior Scap	_____	_____
Waist to Seat	_____	_____

Finish to Anatomical Measurements
 Finish to OPTEC Measurements
 Use Measurements in Finish-To Box



FAX THIS FORM TO (877) 288-4197

PHONE: 888-982-8181 • WWW.OPTECUSA.COM

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 Inspected By: _____
 Shipped By: _____

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P A T I E N T I N F O R M A T I O N

Name: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Diagnosis: _____

O R T H O S I S T Y P E

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M A T E R I A L S P E C I F I C A T I O N S

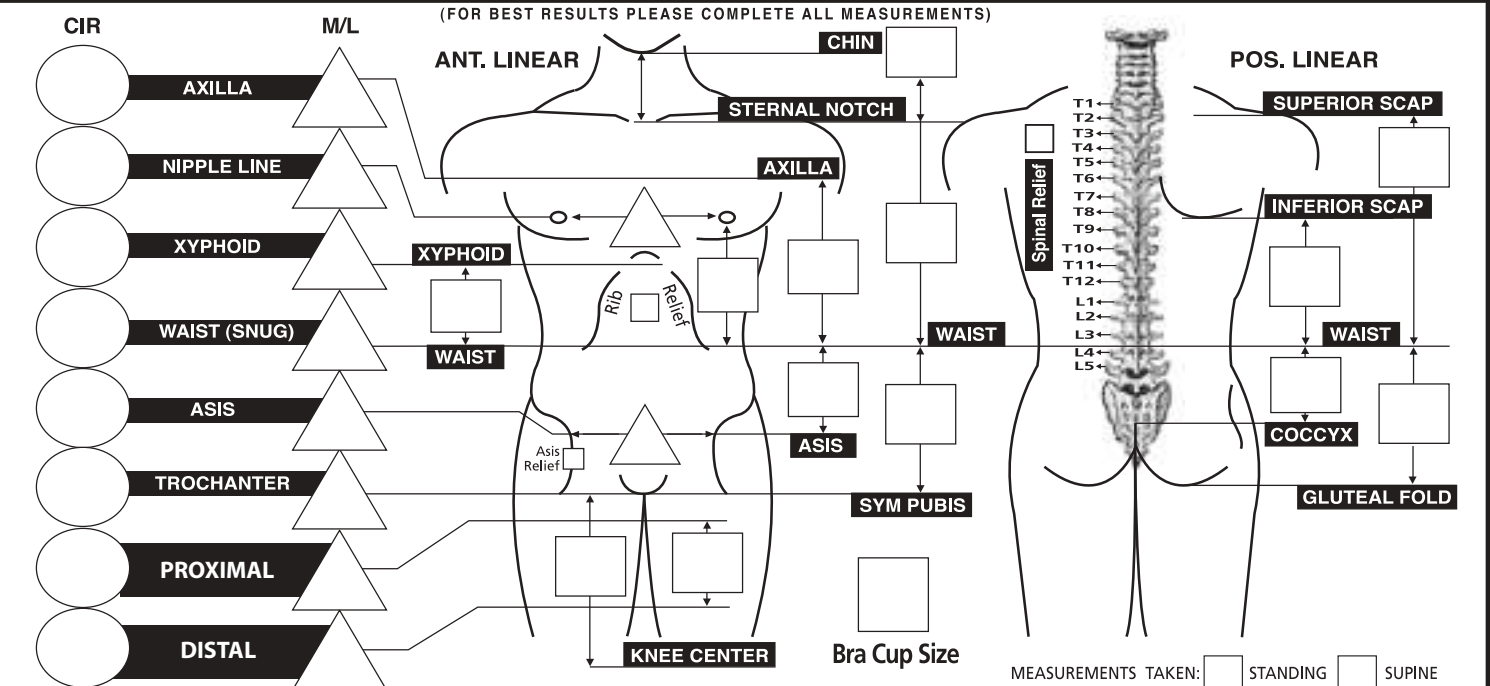
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O P T I O N S & A T T A C H M E N T S

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F I N I S H - T O B O X

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Waist to Sternal Notch	_____	_____	<input type="checkbox"/> Finish to Anatomical Measurements
Waist to Axilla	_____	_____	<input type="checkbox"/> Finish to OPTEC Measurements
Waist to Xyphoid	_____	_____	<input type="checkbox"/> Use Measurements in Finish-To Box
Waist to Sym Pubis	_____	_____	
Waist to Superior Scap	_____	_____	
Waist to Inferior Scap	_____	_____	
Waist to Seat	_____	_____	



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