

# 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: \_\_\_\_\_

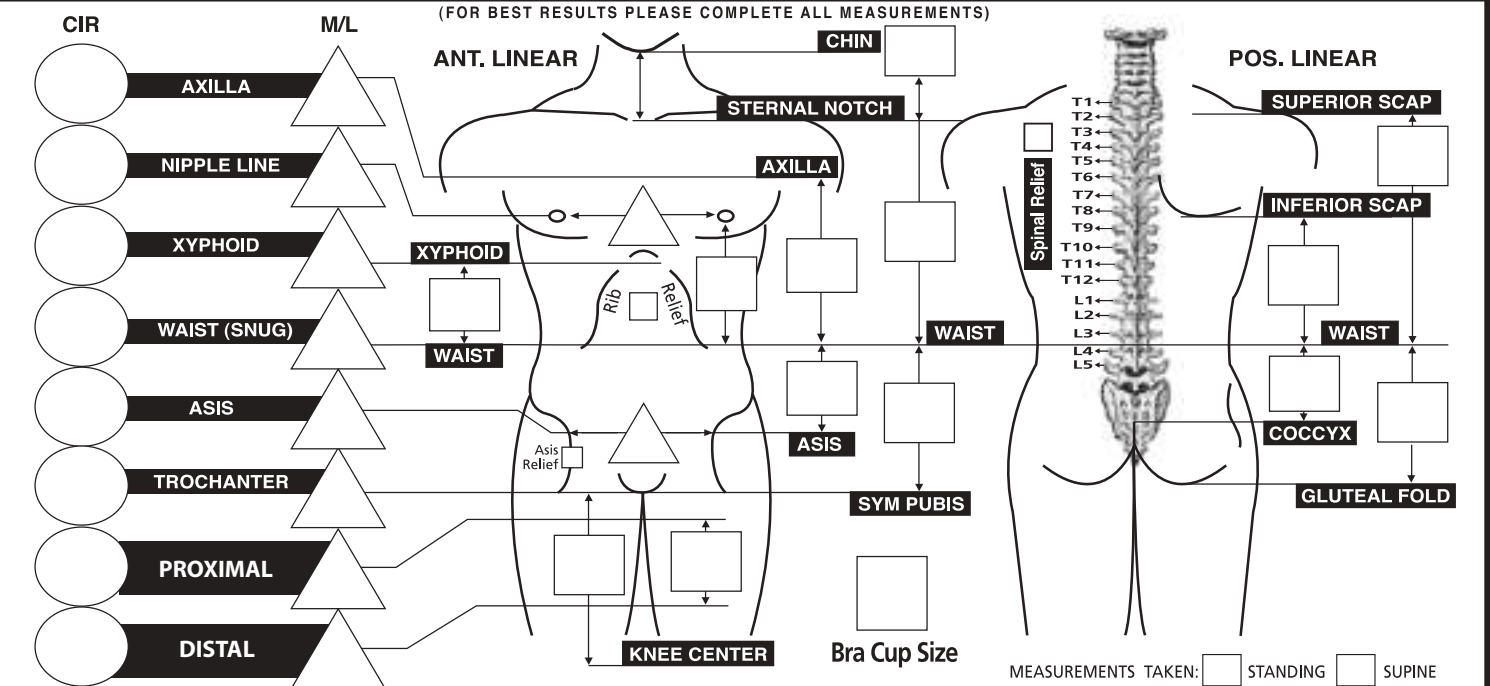
## FINISH-TO BOX

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

Fabricated By: \_\_\_\_\_  
 Inspected By: \_\_\_\_\_  
 Shipped By: \_\_\_\_\_

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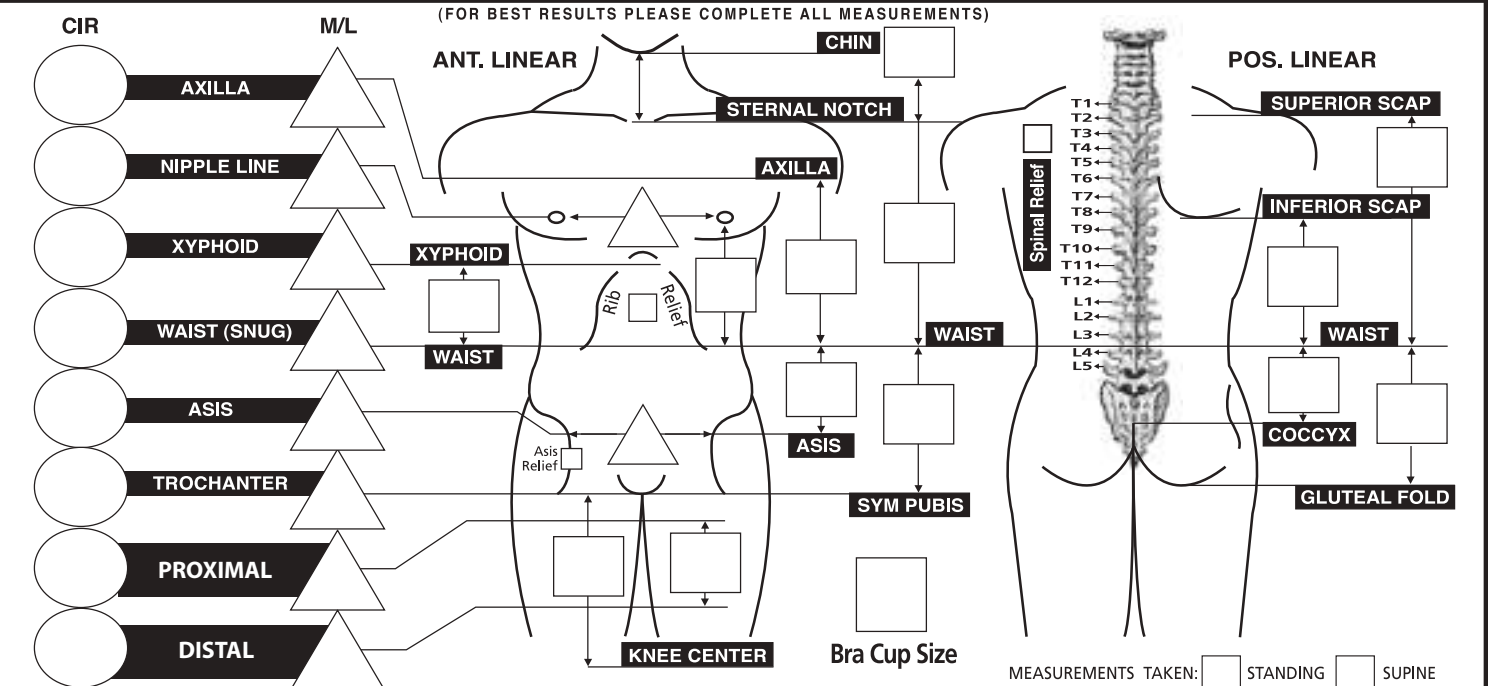
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Waist to Axilla	_____	_____	<input type="checkbox"/> Finish to OPTEC Measurements
Waist to Xyphoid	_____	_____	<input type="checkbox"/> Use Measurements in Finish-To Box
Waist to Sym Pubis	_____	_____	
Waist to Superior Scap	_____	_____	
Waist to Inferior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



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