

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

(FOR BEST RESULTS PLEASE COMPLETE ALL MEASUREMENTS)

CIR

AXILLA

NIPPLE LINE

XYPHOID

WAIST (SNUG)

ASIS

TROCHANTER

PROXIMAL

DISTAL

M/L

ANT. LINEAR

CHIN

STERNAL NOTCH

AXILLA

XYPHOID

WAIST

ASIS

SYM PUBIS

KNEE CENTER

Bra Cup Size

POS. LINEAR

SUPERIOR SCAP

INFERIOR SCAP

WAIST

COCCYX

GLUTEAL FOLD

MEASUREMENTS TAKEN: ☐ STANDING ☐ SUPINE

FAX THIS FORM TO (877) 288-4197

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

Fabricated By: _____

Inspected By: _____

Shipped By: _____

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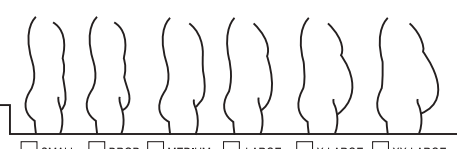
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