

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

Degree of Lordosis: \_\_\_\_\_ (15 Degree Standard)

## Anterior Design:

Neutral  Flexion  Pendulous Abdomen

SMALL  DROP  MEDIUM  LARGE  X-LARGE  XX-LARGE

## MATERIAL SPECIFICATIONS

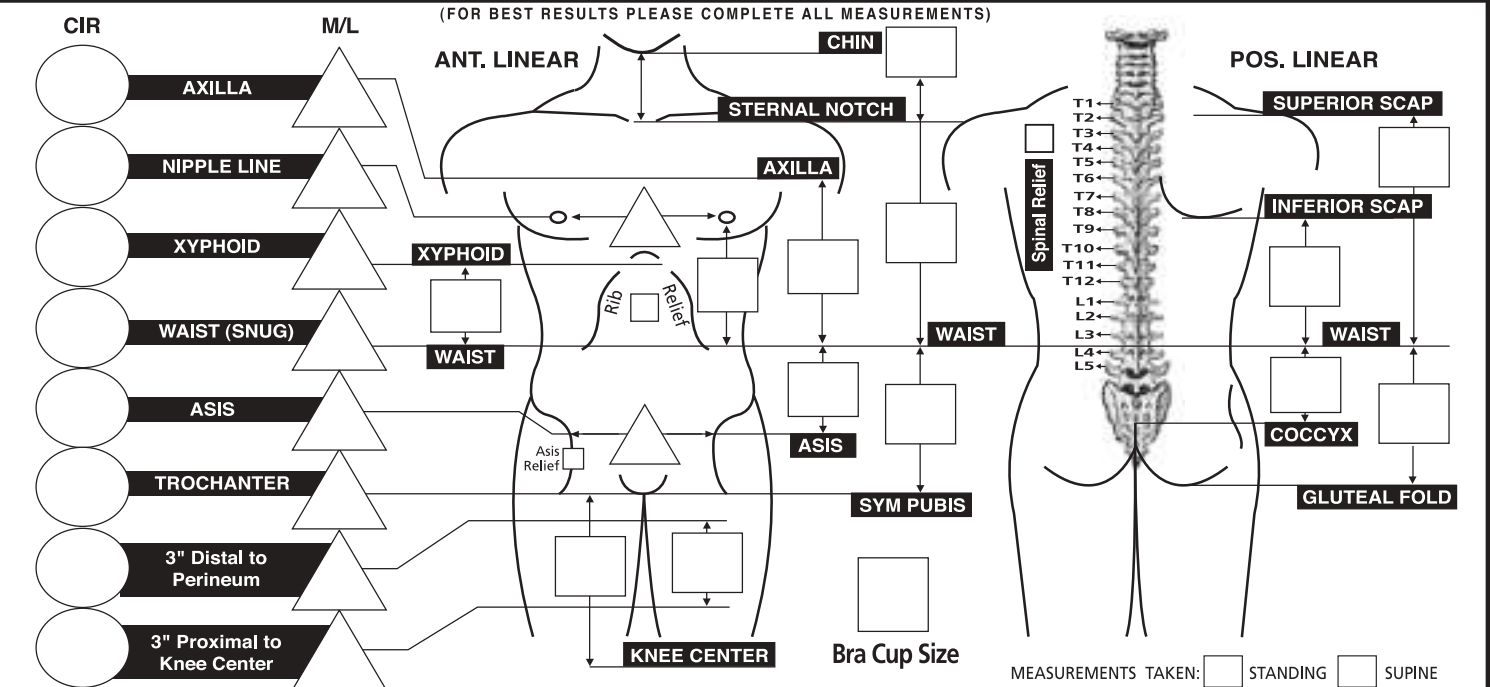
Plastic:  LDPE  MPE  HDPE  Copoly  Other: \_\_\_\_\_  
 Plastic Gauge:  1/8  5/32  3/16  Other: \_\_\_\_\_  
 Liner (Aliplast):  Unlined  1/8  3/16  1/4  Other: \_\_\_\_\_

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



**FAX THIS FORM TO (877) 288-4197**

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

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