Date: Due Date: Contact: Phone: Ship To: Account: Fax: Address: PO#: State: Zip: Ship Via: City: Email: **Patient Information** Orthosis Design Standard 5/32" LD PE, 3/16" liner ☐ Body Jacket Patient Name: Other: __ Wt: Age: Size: 1/8" 3/16" 1/4" Diagnosis: Other: __ Outer Material: LDPE Size: 1/8" 5/32" 3/16" 1/4" Previous wearer? ☐ Yes ☐ No Opening: Anterior Posterior Orthosis Information Left Lateral ☐ Right Lateral ☐ Bivalve Finished? ☐ Yes ☐ No ☐ Butting Overlaps: None Measurement: ☐ Cast ☐ Scan ☐ Measure ONLY ☐ Tongue ☐ Smooth Scan Label: ☐ Glue/ Reinforce Tongue Options: Wide Tongue ☐ G-Tube Cut Out ☐ Plastic Rivets Color/ transfer: Transfer on straps ☐ Shoulder Straps ☐ Adjustable Length Straps Modifications: ☐ As-is ☐ 50% ☐ Full symmetry ☐ Buckles Posterior ☐ Extended Buckles ☐ As-is ☐ 15° ☐ Other:_ Lordosis: Abdomen Relief: None XS S M L XL Special Instructions or comments: ☐ Build breast into Orthosis Cup size: ____ Degree Flexion: _____ Joint Type:____ ☐ Integrated Cuffs Degree Abduction:______ Joint Size: ☐ Detatched cuffs ☐ LEFT □ RIGHT **Measurements** Draw in Abdominal Relief: Circ. M/L "Anatomical LENGTHS taken from waist" A/P Sternal Notch Xyphoid Spine of Scap **Xyphoid** Inf. Ang. Scap Lower Rib Waist Waist Gluteal Fold Finished Measurements TLSO LSO Trocha<u>nter</u> Symphysis Pubis Pubis Xyphoid 3" distal to ___ Sternal Notch __ Axilla Inf. Angle Scap _____ 3" Proximal to KC Seat Spine of Scap Mid Scapula