

# PRO-TECH INTL SCOLIOSIS MEASUREMENT FORM

## CUSTOMER INFORMATION

COMPANY NAME \_\_\_\_\_

PO # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

SHIP TO \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

REQUESTED DELIVERY DATE \_\_\_\_\_

SHIPPING PREFERENCE \_\_\_\_\_

## PATIENT INFORMATION

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

### - ABDOMINAL RELIEF -



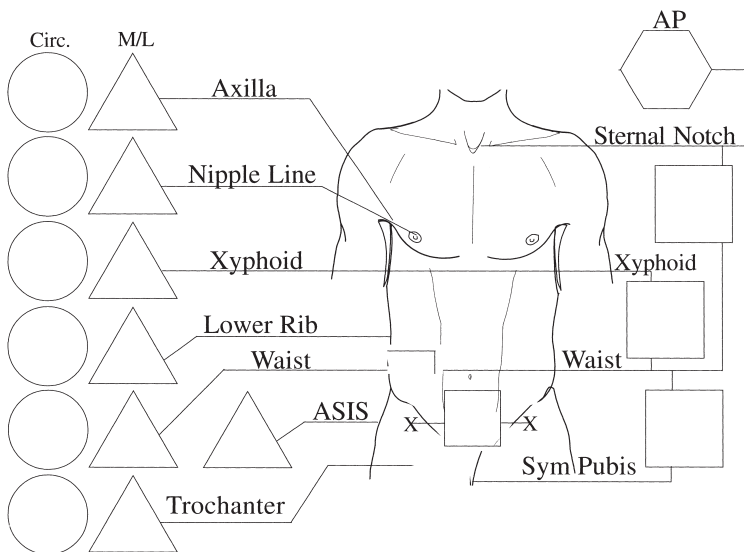
NEUTRAL



SLIGHT



MEDIUM



## ORTHOSIS DESIGN

Type of Orthosis:

LSO  TLSO

Lordosis:  15°  Other \_\_\_\_\_

Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

Liner:

1/8"  3/16"  1/4"

Opening:

Anterior  Posterior

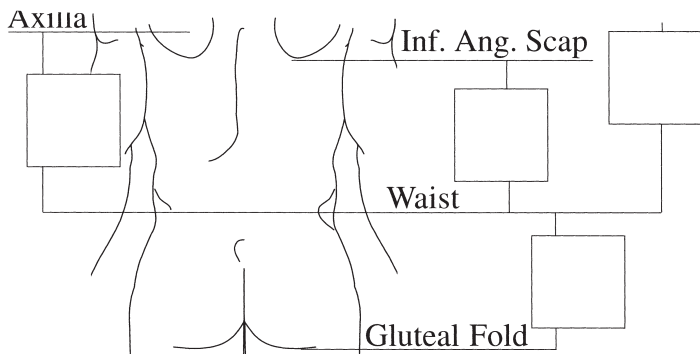
Finished:  Yes  No

Options:

Sternal Shield  Axilla Staps  
 Posterior Reinforcements  Transfer Paper

Torso Sock: Size \_\_\_\_\_ Quantity \_\_\_\_\_

Special instructions or remarks: \_\_\_\_\_



### Finished Measurements

Waist to Sternal Notch: \_\_\_\_\_ Waist to Spine of Scapula: \_\_\_\_\_

Waist to Xphoid: \_\_\_\_\_ Waist to Inf. Angle: \_\_\_\_\_

Waist to Pubis: \_\_\_\_\_ Waist to Gluteal Fold: \_\_\_\_\_

Waist to Axilla: \_\_\_\_\_ Waist to Greater Trochanter: \_\_\_\_\_

Mold # \_\_\_\_\_ Modified by \_\_\_\_\_

Finished by \_\_\_\_\_