

# PRO-TECH INTL SPINAL 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 \_\_\_\_\_

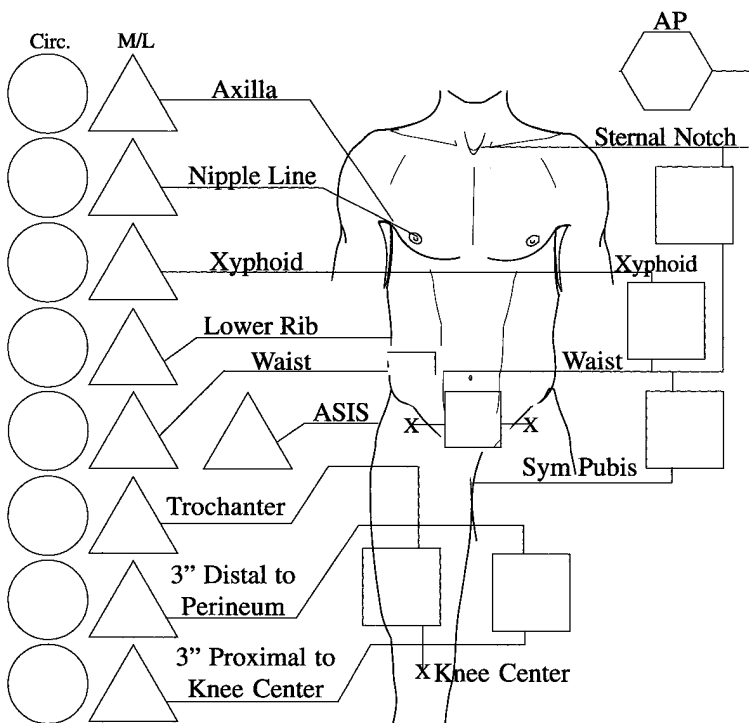
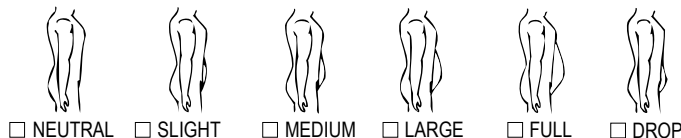
WEIGHT \_\_\_\_\_

SEX \_\_\_\_\_

AGE \_\_\_\_\_

Does orthosis require a pendulous abdomen?  Yes  No

### - ABDOMINAL RELIEF -



## ORTHOSIS DESIGN

### Type of Orthosis:

- LSO  TLSO  CTLSO  Hip Spica  R  L  
 Soft Spinal  Frame  Internal  External  
 Stays  Permanent  Removable

Lordosis:  15°  Other \_\_\_\_\_

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

### Liner:

- 1/8"  3/16"  1/4"  Unlined  1/8" Firm Volara

### Opening:

- Bivalve (smooth)  Bivalve (step)  
 Lateral  Anterior  Posterior  
 Anterior Overlap  Tongue

Finished:  Yes  No

### Options:

- Sternal Shield  Axilla Straps  Shoulder Straps  
 Posterior Reinforcements  Transfer Paper  
 Type of Joint: \_\_\_\_\_

### Breasts Built Into Orthosis?

Bra Cup Size \_\_\_\_\_ Waist to nipple \_\_\_\_\_

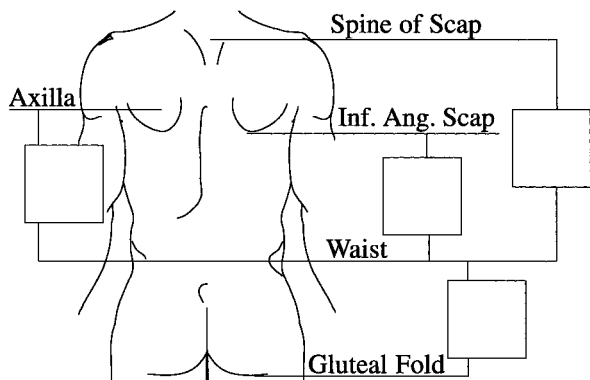
Torso Sock: Size \_\_\_\_\_ Quantity \_\_\_\_\_

### 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 \_\_\_\_\_