

Fillauer Spinal Orthotics (CAD/CAM)

Practitioner _____ Branch Name _____
 PO# _____ Date: _____ Ship Via: _____
 Address _____
 City _____ State _____ Zip _____

Fillauer LLC

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 2710 Amnicola Highway
 Chattanooga, TN 37406

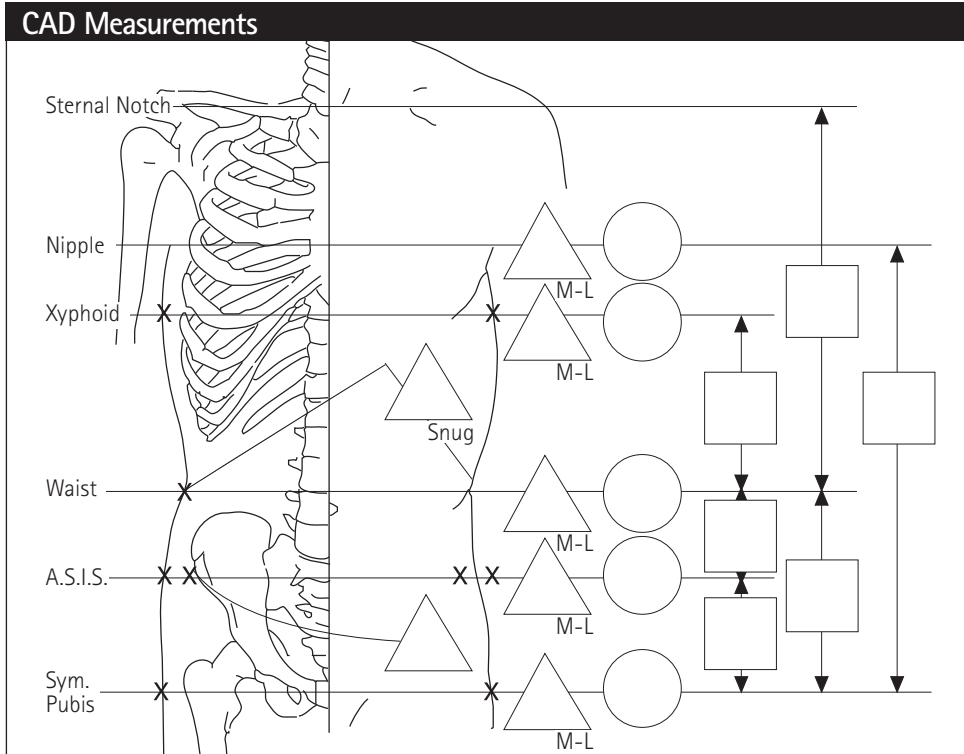


Patient Information

Patient's Name _____
 Age _____ Sex _____ Weight _____ Height _____
 Dx: _____
 Degree of Lordosis: 0° 15° 30° Other _____°
 Type of Orthosis _____

Curve Analysis

Lumbar: Left Right apical vert. at _____ degrees
 Thoraco Lumbar: Left Right apical vert. at _____ degrees
 Thoracic: Left Right apical vert. at _____ degrees
 Kyphotic: Left Right apical vert. at _____ degrees
 Lordotic: Left Right apical vert. at _____ degrees



Special Considerations: _____

iliac crest to seat (sitting)

DRAW CURVE

Options

Neck Ring, Low Profile
 Neck Ring, Throat Frame
 Neck Ring, Throat Mold
 Other: _____

 Girdle, Posterior Opening
 Girdle, Anterior Opening
 Girdle, Double Vacuum
 Polyethylene Polypropylene
 Other: _____

 Polyethylene Foam Lining

Material

Plastic:
 COPOLY LDPE HDPE
 Other: _____

 Color: _____

 Thickness: Unlined Lined
 1/8" 5/32" 3/16"
 Opening: Anterior Bivalve
 Posterior Overlap

Accessories

Thoracic Pad: Left Right
 Small Med Large
 Lumbar Pad: Left Right
 Small Med Large
 Axilla Ring 3/4": Left Right
 Small Med Large
 Shldr Depressor: Left Right
 Small Med Large
 Kyphos Pad: Left Right
 Small Med Large
 Sternal Pad: Left Right
 Small Med Large
 Other: _____
