

# Torticollis

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

*Fillauer* LLC

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 Chattanooga, TN 37406

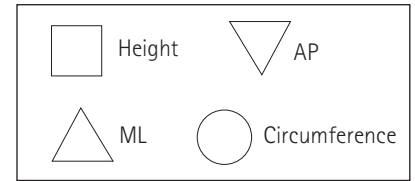
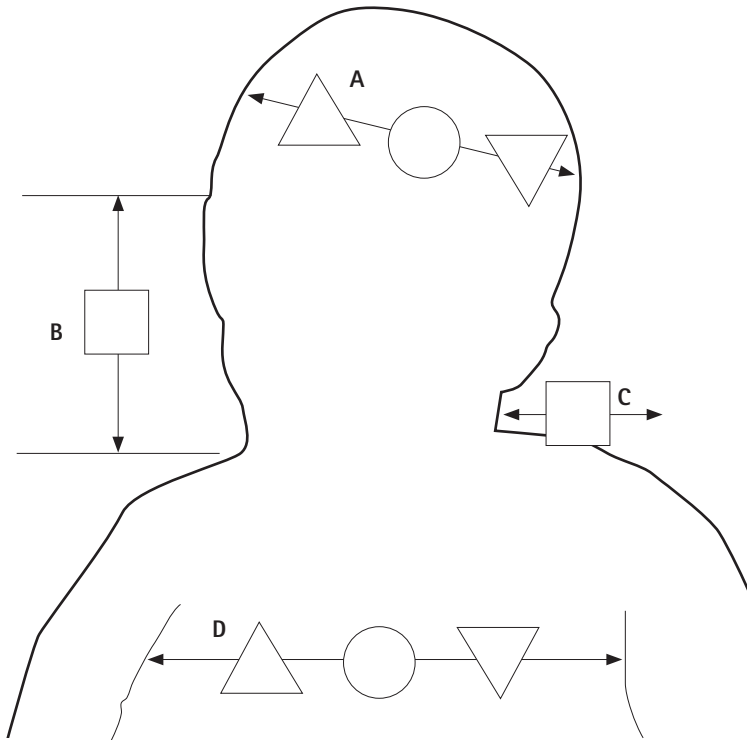


## Patient Information

Patient's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Ship To Address \_\_\_\_\_  
 \_\_\_\_\_



## Measurements



All Measurements must be provided

- A. Head circumference, AP, and ML
- B. Height from ear to shoulder
- C. Length from neck to tip of shoulder
- D. Auxilla circumference. AP, and ML

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_