

Order form - Providence

Customer: Fillauer's PO nr:

Ordered by: Patient number:

Email: Date:

Shipping instructions from Spinal to Fillauer: UPS express saver on Fillauer's account

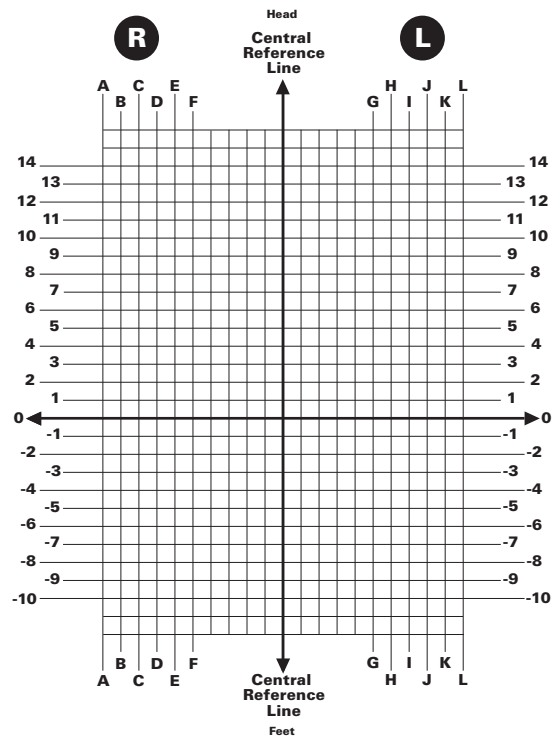
Anterior opening, with tongue:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Style:	Finished <input checked="" type="checkbox"/>	Straps <input checked="" type="checkbox"/>	
Patient is a current or previous brace wearer.	Patient number stated with last Fillauer order:		
<input type="checkbox"/>	_____		
Male: _____	Female: _____	Age: _____	Hgt (cm): _____
X-rays attached by email:		Yes <input checked="" type="checkbox"/>	
Transfer paper choice 1: _____			
Transfer paper choice 2: _____			
Transfer paper choice 3: _____			
Additional information: _____			

Measurements cm:	Curve Analysis:
Axilla <input type="checkbox"/> Cir <input type="checkbox"/>	Thoracic Curve: <input type="checkbox"/> L or R <input type="checkbox"/>
Xyphoid <input type="checkbox"/> A/P <input type="checkbox"/>	Thoracic Apex: T _____
Xyphoid Level <input type="checkbox"/>	Lumbar Curve: <input type="checkbox"/> L or R <input type="checkbox"/>
Waist <input type="checkbox"/>	Lumbar Apex: L _____
ASIS <input type="checkbox"/> A/P <input type="checkbox"/>	Thoracolumbar Curve: <input type="checkbox"/> L or R <input type="checkbox"/>
Troch <input type="checkbox"/> ASIS Level <input type="checkbox"/>	Thoracolumbar Apex: <input type="checkbox"/> L1 or T12 <input type="checkbox"/>
Length and A/P measurements taken with patient on board and pressure pads in place.	

Pad Placement with Board

	Column (down)	Row (across)
Stabilizing pads:		
Axilla	_____	_____
Trochanter Pad	_____	_____
Pressure pads:		
Lumbar Pad	_____	0 _____ mm
Thoracic Pad	_____	_____ mm

Pediatric blocks were used.



Spinal Use Only

M	P	F	S	Inspected by	Mold #
---	---	---	---	--------------	--------