

Spinal Orthotics (CAD/CAM) Custom Order Form



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Company	Practitioner
Account No.	Phone
Address Line 1	Email
Address Line 2	Patient ID
City, State, Zip	Purchase Order

Patient Information

Diagnosis	Sex
Patient ID	Weight
Age	Height
Degree of Lordosis: <input type="checkbox"/> 0° <input type="checkbox"/> 15° <input type="checkbox"/> 30° <input type="checkbox"/> Other _____°	
Type of Orthosis	

Design

Lumbar:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Apical vert. at _____°
Thoraco Lumbar:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Apical vert. at _____°
Thoracic:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Apical vert. at _____°
Kyphotic:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Apical vert. at _____°
Lordotic:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Apical vert. at _____°

Accessories

Thoracic Pad:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
Lumbar Pad:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
Axilla Ring ¾ in.:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
Shldr Depressor:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
Kyphos Pad:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
Sternal Pad:	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large
<input type="checkbox"/> Other: _____					

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 or Pattern: _____

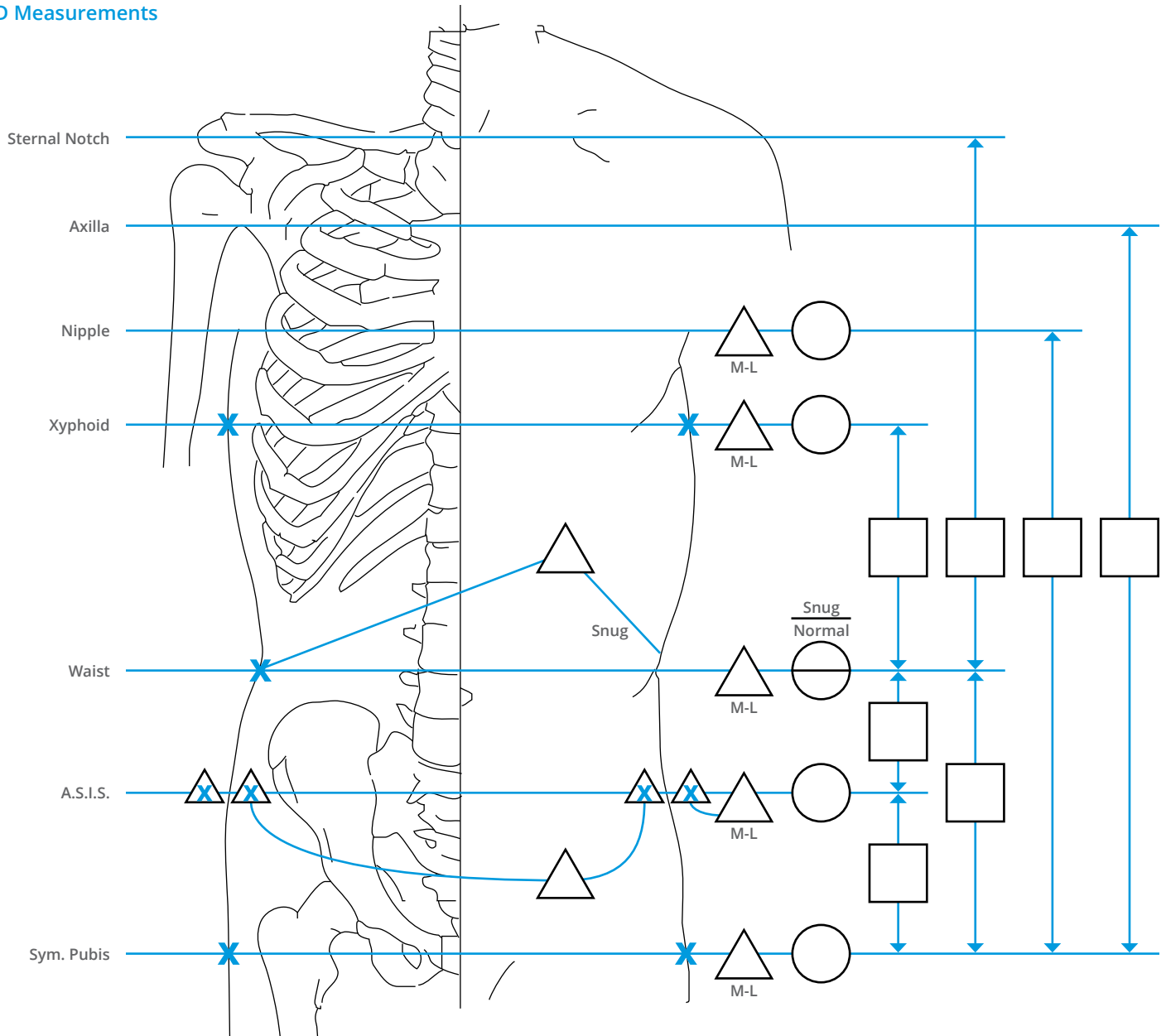
Thickness

- Lined Unlined
- ½ in. ⅝ in. ¾ in.

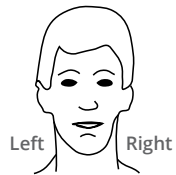
Opening

- Anterior Bivalve
- Posterior Overlap

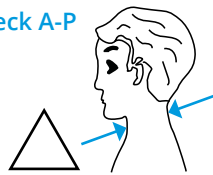
CAD Measurements



Side

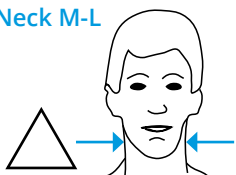


Neck A-P



Considerations _____

Neck M-L



Neck A-P

