

Trilateral Orthosis

Practitioner _____ Branch Name _____

PO# _____ Date: _____ Ship Via: _____

Address _____

City _____ State _____ Zip _____

Patient Information

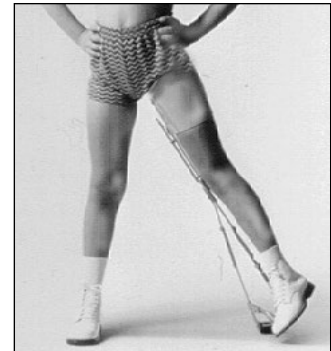
Patient's Name _____

Age _____ Sex _____ Weight _____ Height _____

Shoe Size _____

Ship To Address _____

Options

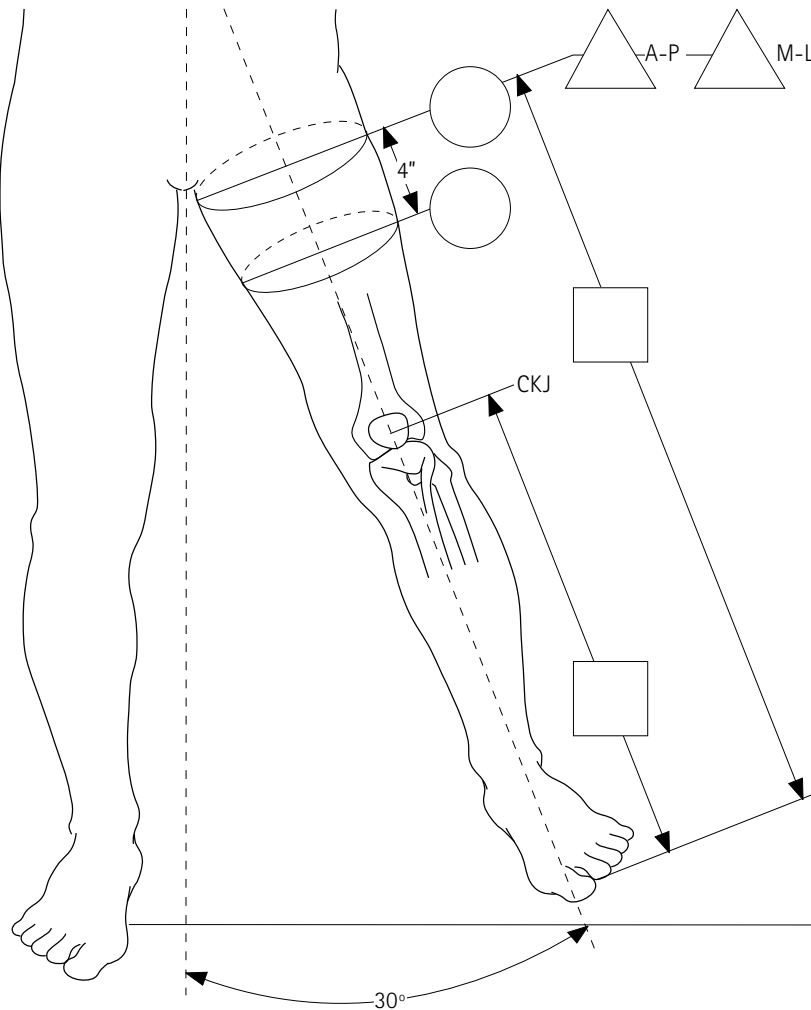


Prefabricated Ischial Weight Bearing

Thigh Cuffs are supplied in the following sizes:

- | | |
|---------------------------------|-----------------------------|
| <input type="checkbox"/> 10-1/2 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 11-1/2 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 12-1/2 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13-1/2 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 14-1/2 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 15-1/2 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 16-1/2 | <input type="checkbox"/> 17 |

Measurements



Remarks _____

In the event a plaster cast is required, it should be taken in 30° abduction and should extend from mid thigh to crest of ilium and include the buttock on the affected side only.

Shoe elevation on sound side is not normally used.