

Scottish Rite Custom Order Form



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Company _____
 Account No. _____
 Address Line 1 _____
 Address Line 2 _____
 City, State, Zip _____

Practitioner _____
 Phone _____
 Email _____
 Patient ID _____
 Purchase Order _____

Patient Information

Age _____
 Sex _____

Weight _____
 Height _____

- A. Diameter and Circumference taken just below Crests
- B. Right and Left Circumference taken 2 in. below Perineum
- C. Right and Left Circumference taken 2 in. above Patella
- D. Diameter at Trochanters

- E. Distance from Center Hip Joint (CHJ) to Center Knee Joint (CKJ)
- F. Distance 2 in. below Perineum (Prox. Circ. B) to 2 in. above Patella (Distal Circ. C)
- G. Distance from Perineum to Top of Condyle
- H. Abduction Angle

Type

- Scottish Rite Orthosis with Thrust Bearing Hip Joints, No Telescoping Bar
- Scottish Rite Orthosis with Thrust Bearing Hip Joints with Telescoping Bar
- Scottish Rite Orthosis with Telescoping Bar
- Scottish Rite Orthosis for Failed Total Hip Prosthesis or for Post-Surgical Use

Degree of Abduction

Right Side

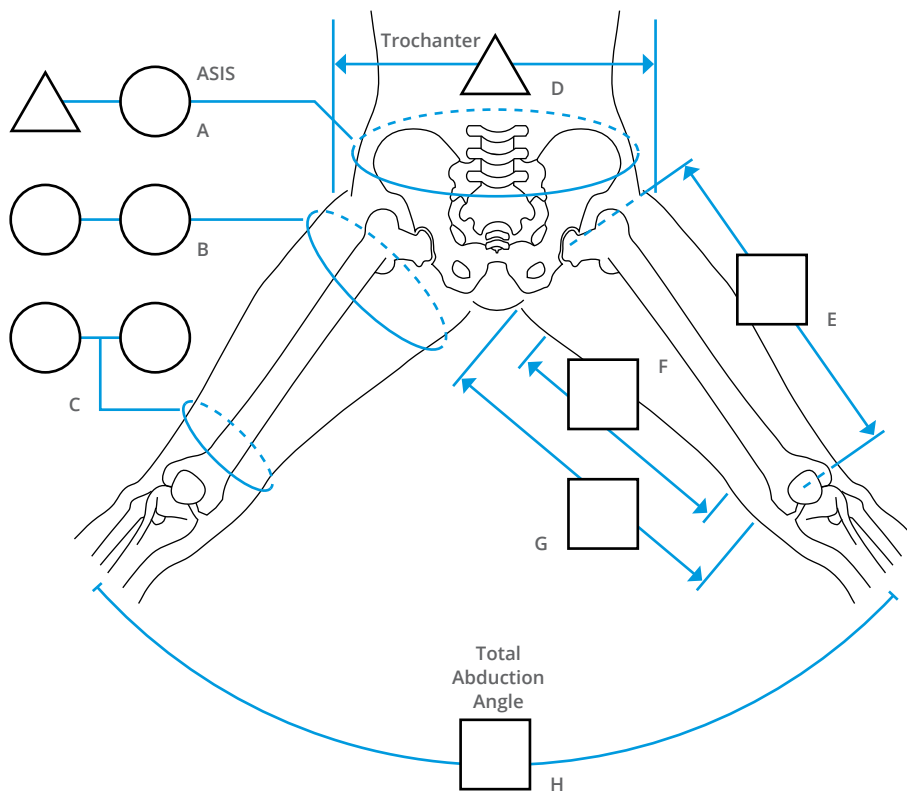
- 0° Abduction
- 10° Abduction
- 25° Abduction
- 35° Abduction
- Variable Abduction Hip Joint

Left Side

- 0° Abduction
- 10° Abduction
- 25° Abduction
- 35° Abduction
- Variable Abduction Hip Joint

Motion Control Plate

- Right, set at 0° Extension _____° Flexion
- Left, set at 0° Extension _____° Flexion



Notes _____