

Order form Flex Foam



Kung Hans Väg 2
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Fillauer Europe's PO#:

Patient number:

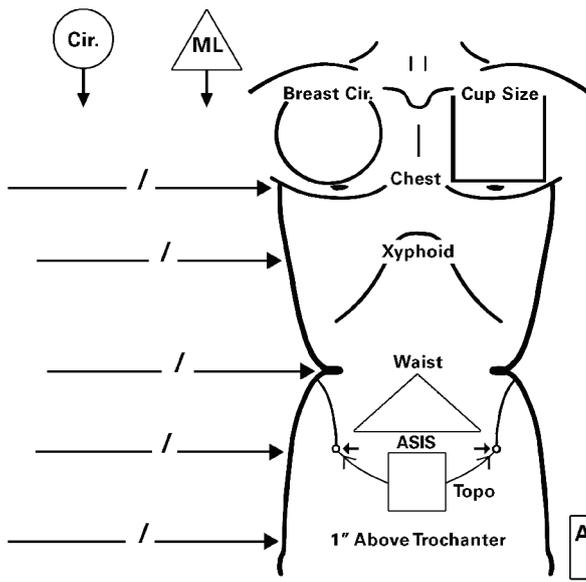
Date & Ordered by:

Phone/email:

Customer:

Shipping instruction from Spinal to Fillauer Europe :
UPS Express Saver on Fillauer Europe's account

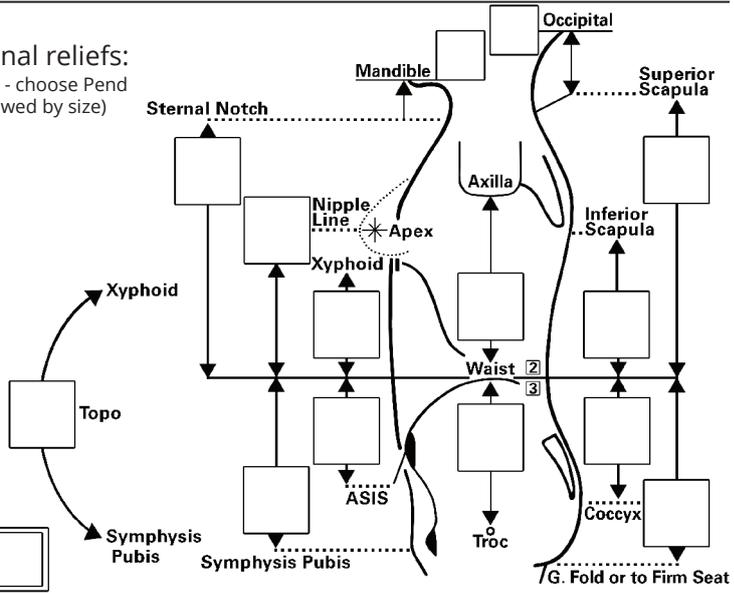
1.	<input type="checkbox"/> External frame	<input type="checkbox"/> Internal frame <small>"Frame between foam layers"</small>	<input type="checkbox"/> No frame <small>"Laminated foam"</small>			
	<input type="checkbox"/> Single opening	Anterior w/ tongue	<input type="checkbox"/> Tongue "Polyethen" <input type="checkbox"/> Tongue "Firm foam"	<input type="checkbox"/> Posterior opening	<input type="checkbox"/> Anterior overlap	Lateral opening <input type="checkbox"/> L <input type="checkbox"/> R
2.	<input type="checkbox"/> Bi-valve opening	Smooth Overlap	<input type="checkbox"/> Anterior over Post. <input type="checkbox"/> Anterior into Post.	<input type="checkbox"/> Step overlap	<input type="checkbox"/> Open with tongues	
	<input type="checkbox"/> High Profile (TLSO) <input type="checkbox"/> Low Profile (LSO)		<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	Plastic thickness Standard "3mm" Other: _____	Liner thickness Standard "6mm" Other: _____	
3.	Male/ Female	Age:	Height(cm):	Weight(kg):		
	Lordosis: 15°	Other: _____	Measurements taken (in cm):		Standing Supine	
	Diagnosis:					
4.	Instructions:			Shape/ Reliefs: (boney, prom. etc.)		



Abdominal reliefs:
(if required - choose Pend or Full followed by size)

- Pend
- Full
- Small
- Med
- Lg
- X-Lg

Abdominal Binder



Office Use Only

M	P	F	S	Inspected by	Mold #
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