

Order form Scoliosis/ Kyphosis Brace

Fillauer

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Fillauer's PO nr.: _____

Patient number: _____

Date & Ordered by: _____

Phone/email: _____

Customer: _____

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

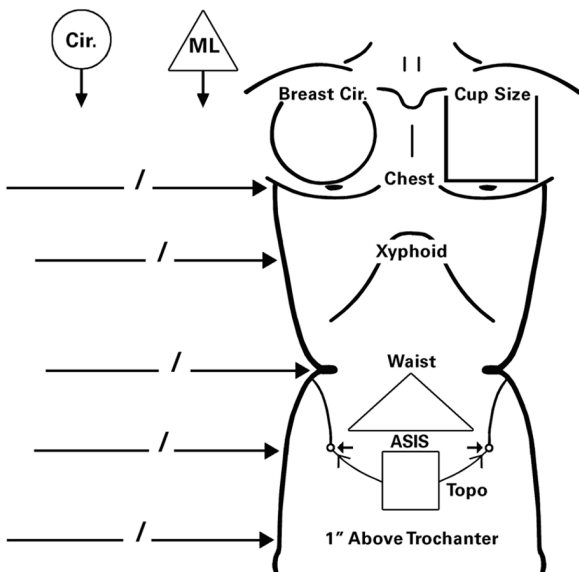
Opening: Anterior <input type="checkbox"/> Posterior <input type="checkbox"/>	Milwaukee orthosis: <input type="checkbox"/>	Neck: _____
Style: Unfinished Straps (for brace)	Milwaukee anterior upright (with posterior reinforcement and straps)	ML: _____ AP: _____
Pads: Soft Firm	Low Profile TLSO orthosis (Kyphosis): (with adjustable anterior sternal shield, posterior reinforcements and straps)	
Lumbar _____ Troch _____ Thoracic _____ Axilla _____	Instructions:	
Male/ Female Age: Height(cm): Weight(kg):		
Lordosis: 5° 15° Other: _____		
Diagnosis: _____		

Shape/ Reliefs:
(ie; boney prom, etc)

Office use only

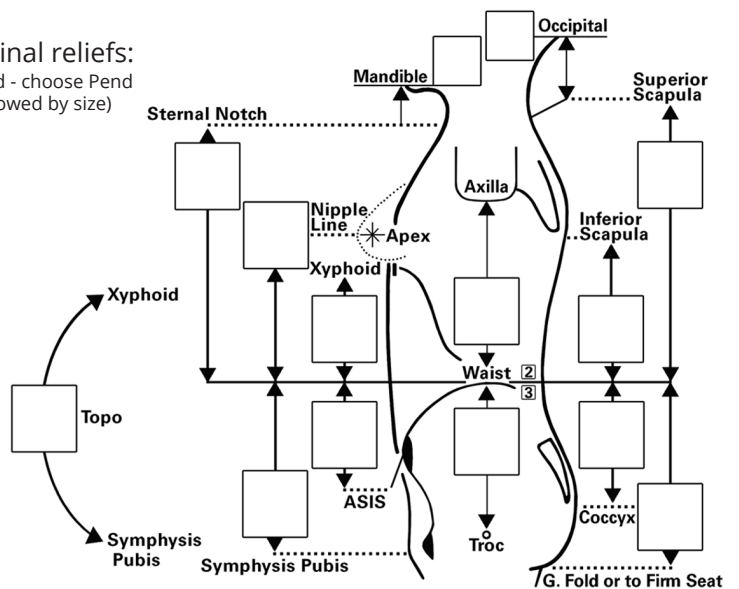
M	P
F	S
Inspected by: _____	

Measurements taken: Standing Supine



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

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



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