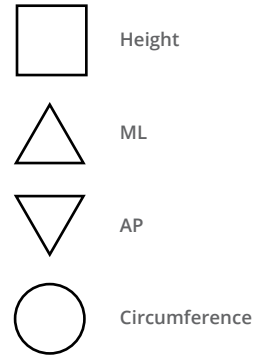
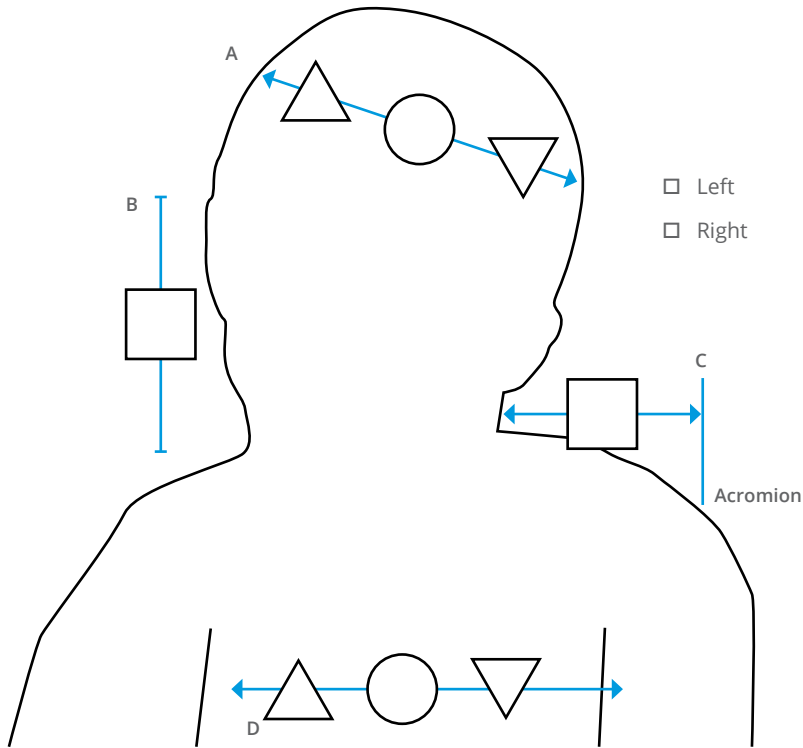


Torticollis Custom Order Form



2710 Amnicola Highway
 Chattanooga, TN 37406
 423.624.0946
 Fax 423.698.6076
 centralfab@fillauer.com

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



All measurements must be provided

- A. Head circumference, AP, and ML
- B. Height from ear to shoulder
- C. Length from neck to tip of shoulder
- D. Axilla circumference, AP, and ML

Notes _____

