

## Order form - Providence

Customer: ..... Fillauer's PO nr: .....

Ordered by: ..... Patient number: .....

Email: ..... Date: .....

Shipping instructions from Spinal to Fillauer: UPS express saver on Fillauer's account

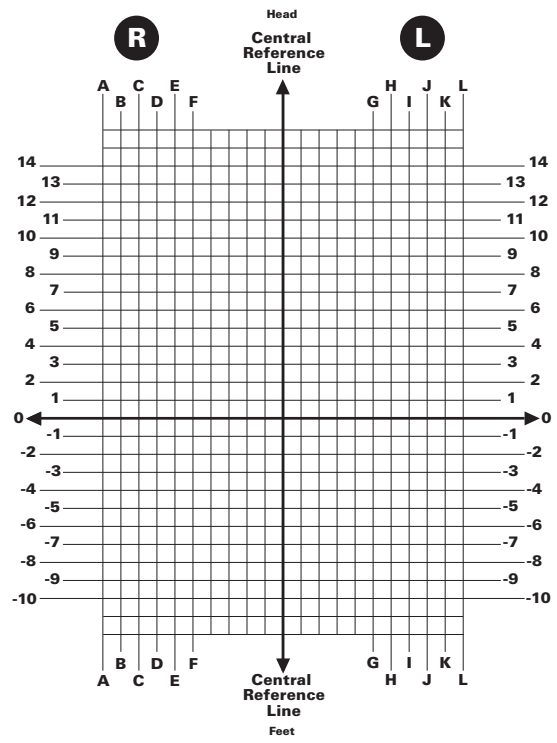
		Yes	No
Anterior opening, with tongue:			
Style:	Finished	<input checked="" type="checkbox"/>	Straps
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient is a current or previous brace wearer.	Patient number stated with last Fillauer order:		
Male:	Female:	Age:	Hgt (cm): Wgt (kg):
X-rays attached by email:		Yes	<input checked="" type="checkbox"/>
Transfer paper choice 1:			
Transfer paper choice 2:			
Additional information:			

Measurements cm:		Curve Analysis:	
Cir	A/P	Thoracic Curve:	L or R
Axilla		Thoracic Apex:	T
Xyphoid	Xyphoid Level	Lumbar Curve:	L or R
Waist		Lumbar Apex:	L
ASIS	A/P	Thoracolumbar Curve:	L or R
Troch	ASIS Level	Thoracolumbar Apex:	L1 or T12
		Length and A/P measurements taken with patient on board and pressure pads in place.	

Pad Placement with Board

	Column (down)	Row (across)
Stabilizing pads:		
Axilla	___	___
Trochanter Pad	___	___
Pressure pads:		
Lumbar Pad	___	0 ___ mm
Thoracic Pad	___	___ mm

Pediatric blocks were used.



Spinal Use Only

M	P	F	S	Inspected by	Mold #
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