E-mail: order@fillauer.com
Phone: +46 8 505 332 00

Order form - Scoliosis/Kyphosis Brace

Customer: ..... Fillauer´s PO nr: .....

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

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

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

Brace type: Full-time brace ☐ Chêneau brace ☐ Kyphosis Brace ☐ Kyphologic brace ☐

Opening: Anterior: ☐ Posterior: ☐

Style: Finished ☐ Unfinished ☐ Straps ☐

Plastic type: ☐ Standard ☐ Other: Thickness: ☐ Standard ☐ Other:

Liner thickness: ☐ Standard ☐ Other:

Transfer paper choice 1:
Transfer paper choice 2:

Patient is a current or previous brace wearer ☐ Patient number stated with last Fillauer order: _____

Male ☐ Female ☐ Age: _____ Hgt (cm): _____ Wgt (kg): _____

Additional information:

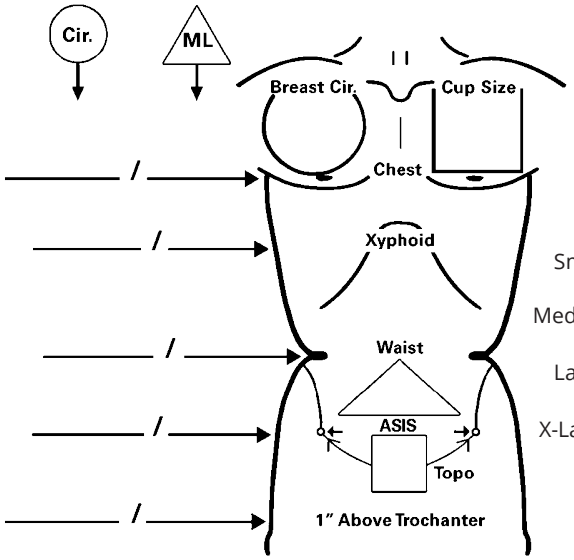
Pads: Soft ☐ Firm ☐
Troch: Lumbar: Thoracic: Axilla:

Base of production: ☐ X-Ray ☐ Frontal ☐ Sagital ☐ Scanning

Diagnosis/Curve Type:

Measurements taken: ☐ Standing ☐ Supine

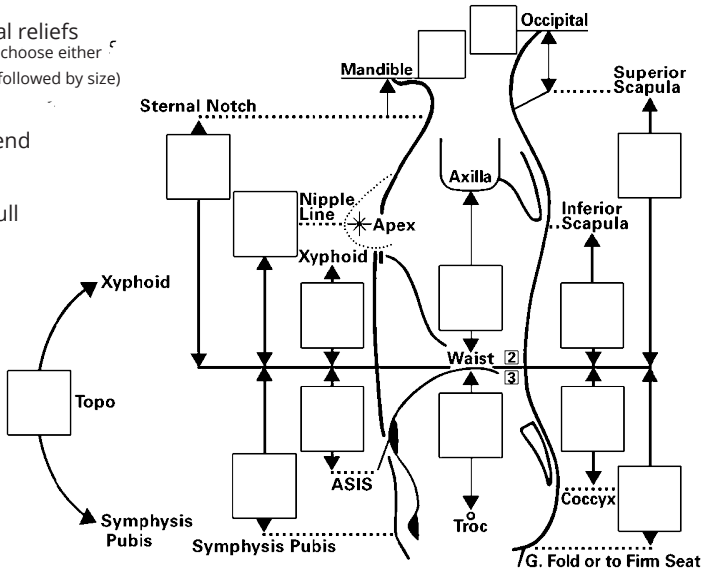
Lordosis: ☐ 15° Other:



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

☐ Pend
☐ Full

Small ☐
Medium ☐
Large ☐
X-Large ☐



Spinal Use Only

M	P	F	S	Inspected by	Mold #