

Order form Providence



Kung Hans väg 2
192 68 Sollentuna
Sweden

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

Fillauer's PO nr.:

Patient number:

Date & Ordered by:

Phone/email:

Shipping instruction from Spinal to Fillauer:

UPS express saver on Fillauer's account

Customer:

Anterior opening, with tongue: Yes No

Style: Finished Straps

Patient is a current or previous brace wearer. Pediatric blocks were used.

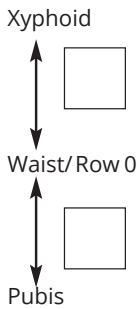
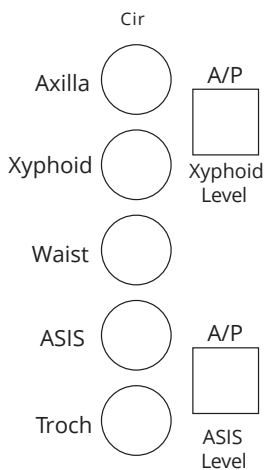
Male/Female: Age: _____ Hgt(cm): _____ Wgt(kg): _____

Instructions:

Transfer Paper:

X-rays attached by email: Yes No

Measurements cm:



Curve Analysis:

Thoracic Curve: L or R

Thoracic Apex: T _____

Lumbar Curve: L or R

Lumbar Apex: L _____

Thoracolumbar Curve: L or R

Thoracolumbar Apex: L1 or T12

Length and A/P measurements taken with patient on board and pressure pads in place.

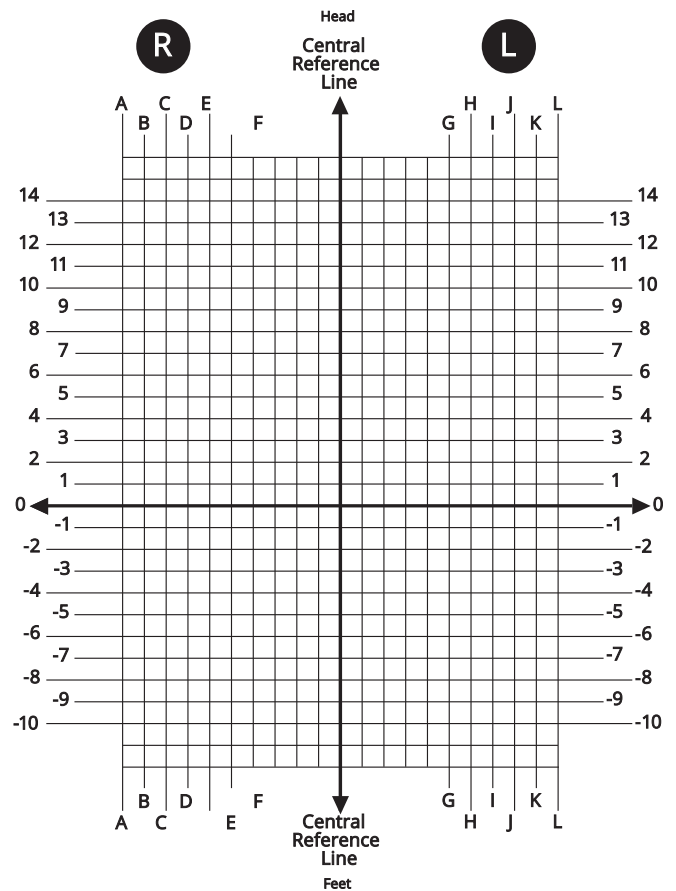
stTracker System 688000060 - Software, Reader, and Button

stTracker Reader with USB - 688000061

stTracker Button - 688000062

Pad Placement with Board

	Column (down)	Row (across)	Distance
Stabilizing pads			
Axilla	<input type="checkbox"/>	<input type="checkbox"/>	
Trochanter Pad	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure pads			
Lumbar Pad	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/> mm
Thoracic Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> mm



Office Use Only

M	P	F	S	Inspected by	Mold #
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