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

Order form - Scoliosis 3-D

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

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

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

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

Opening: Posterior (*recommended*) ☐ Anterior (with PE tongue) ☐

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): _____

Diagnosis/Curve Type:

Additional information:

CAD/CAM modifications and corrective pads:

☐ Option 1 (corrective forces modified into 3D model)

☐ Option 2 (50% correction in 3D model with additional pads glued in, *recommended option*)

Window options:

☐ Option 1 (full plastic void area for full rigidity)

☐ Option 2 (Medium size window, *recommended option*)

☐ Option 3 (Traditional full size window)

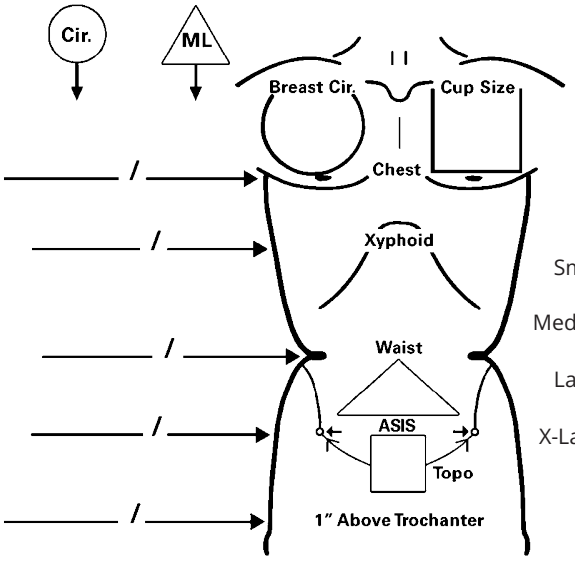
Pads: Soft ☐ Firm ☐

Troch: Lumbar: Thoracic: Axilla:

Base of production: ☑ X-Ray ☑ Scanning

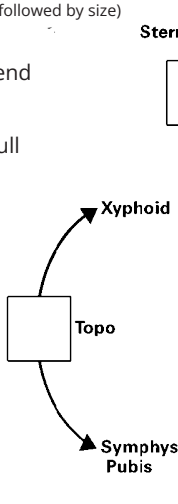
Measurements taken: ☐ Standing ☐ Supine

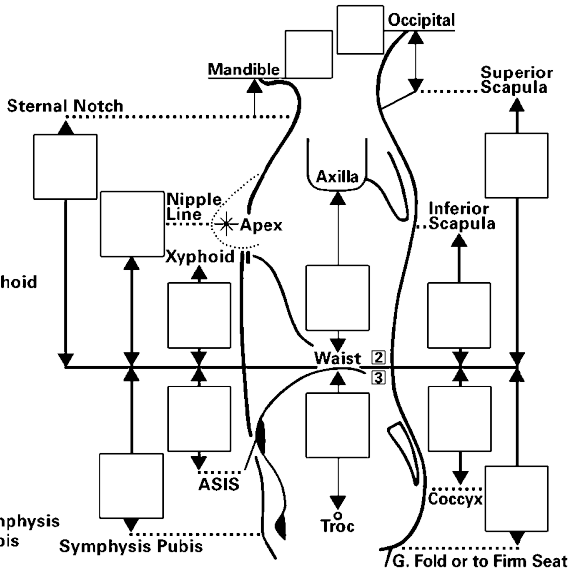
Lordosis: ☐ 15° Other:



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 #