

# PRO-TECH ORTHOPEDICS SPINAL MEASUREMENT FORM

## CUSTOMER INFORMATION

COMPANY NAME \_\_\_\_\_

PO # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

SHIP TO \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

REQUESTED DELIVERY DATE \_\_\_\_\_

SHIPPING PREFERENCE \_\_\_\_\_

## PATIENT INFORMATION

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

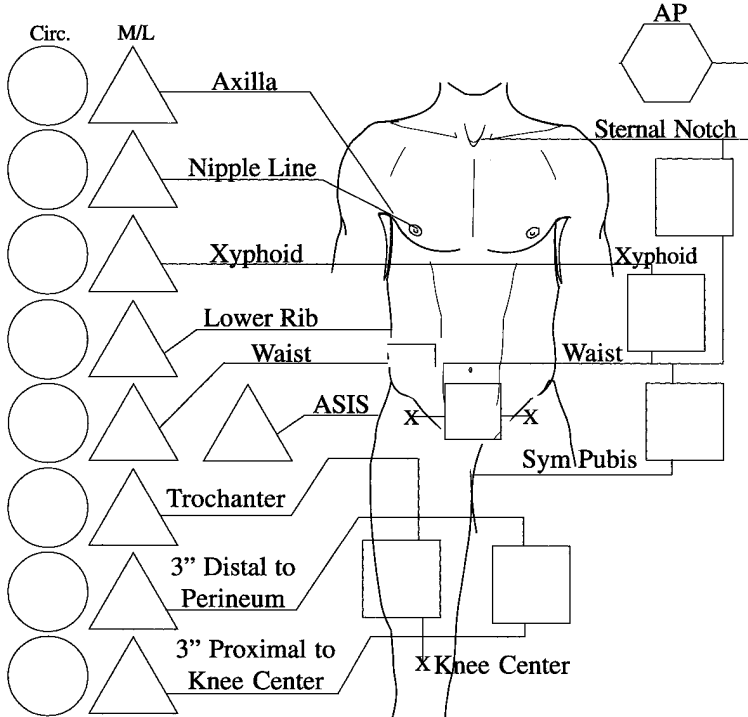
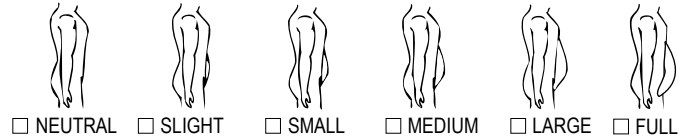
HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

SEX \_\_\_\_\_

AGE \_\_\_\_\_

### - ABDOMINAL RELIEF -



## ORTHOSIS DESIGN

### Type of Orthosis:

- LSO  
  TLSO  
  CTLSO  
  Hip Spica  
  R  
  L  
 Soft Spinal  
 Frame  
 Internal  
 External  
 Stays  
 Permanent  
 Removable

Lordosis:  15°    Other \_\_\_\_\_

Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

### Liner:

- 1/8"  
 3/16"  
 1/4"  
 Unlined  
 1/8" Firm Volara

### Opening:

- Bivalve (smooth)  
 Bivalve (step)  
 Lateral  
 Anterior  
 Posterior  
 Anterior Overlap  
 Tongue

Finished:  Yes    No

### Options:

- Sternal Shield  
 Axilla Straps  
 Shoulder Straps  
 Posterior Reinforcements  
 Transfer Paper  
 Type of Joint: \_\_\_\_\_

### Breasts Built Into Orthosis?

Bra Cup Size \_\_\_\_\_ Waist to nipple \_\_\_\_\_

Torso Sock: Size \_\_\_\_\_ Quantity \_\_\_\_\_

### Special instructions or remarks:

### Finished Measurements

Waist to Sternal Notch: \_\_\_\_\_      Waist to Spine of Scapula: \_\_\_\_\_  
 Waist to Xphoid: \_\_\_\_\_      Waist to Inf. Angle: \_\_\_\_\_  
 Waist to Pubis: \_\_\_\_\_      Waist to Gluteal Fold: \_\_\_\_\_  
 Waist to Axilla: \_\_\_\_\_      Waist to Greater Trochanter: \_\_\_\_\_

