





## **ADULT COMFORT PLUS BRACE ORDER FORM**

Order Fr	om:																
Customer Order No:							PO Number:										
Bill To:							Ship To:										
PATIENT	DETAILS																
Name:							DOB:				Sex:	Male		Fe	emale		
PATIENT	PHYSICAL MEA	SURES															
	Hip Circumfe	erence	ı	Inches			nal Leng er only if b					Inches					
	Chest Circumf			Inches include bi	ronst		Thigh (	Circumf	erence			Inches					
	er only if bodysuit re *Chest Circumfe	= =		meiaac bi	cust					 ]		]	1			l	
	(Enter for Boler	o Sizing)		Inches				Neutra		Degrees	CW		Degrees	CCW		Degrees	
	NB: Measuremen		taken <u>under</u>	the bre	ast to d	etermin	e the Coi	mfort Plu	ıs Boler	o size.							
BRACE T	YPE INFORMAT	ION										1					
Primary deformity: Scoliosis					ŀ	Hyperky	/phosis										
Please ti	ck one of the fo	llowing	option boxe	es and p	orovide	the re	queste	d inforn	ntion/x	-ray file	es:						
OR 1) I	have supplied o	ligital ful	ll spine fron	tal and	sagitta	al x-ray	s for br	ace typ	e select	tion							
	have taken the	followin	g measuren	nants f	rom th	e natie	nts full	snine f	rontal a	nd sagi	ttal v-ra	vs for h	race tyn	a salar	tion		
2,1	FRONTAL X-I		, measurer	iiciits i		e putie	inco run	Spiric II	ontare	ina sagi	ccar x ra	y3 101 D	idee typ	c scice			
	Curve 1	Apex		Cobb			Degrees		Apex R	otation		Grade/		cw		CCW	
	C 2			C-1-1-			] ]_		Λ D			Degrees Grade/		]		 	
	Curve 2	Apex		Cobb			Degrees		Арех к	otation		Degrees		CW	,	CCW	
	Coronal Bala	nce (mm)	T1-S1		RT		LT		T12-S1		RT		LT				
	SAGITTAL X-	RAY		_				_									
	Kyphosis	Apex			Cobb			Degrees									
	Lordosis	Apex			Cobb			Degrees			_		_				
	Sagittal Balaı	nce (mm)	T1-S1		ANT		POST		T12-S1		ANT		POST				
OR							•				•		-				
3) I	want to select I	orace typ	oe:														
	RAS Type 1		LAS	Type 1			RAS <sup>-</sup>	Type 2A	A		LAS 7	Гуре 2А					
	RAS Type 2B		LAS T	ype 2B			RAS	S Type 3	3		LAS	Type 3					
	RAS Type 4		LAS	Type 4			AHK	C Type 1	L	]	АНК	Type 2		j			

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