

ADULT COMFORT PLUS BRACE ORDER FORM

Order From:

Customer Order No:

PO Number:

Bill To:

Ship To:

PATIENT DETAILS

Name: _____ DOB: _____ Sex: Male Female

PATIENT PHYSICAL MEASURES

Hip Circumference Inches Spinal Length T1 - Coccyx Inches
 Chest Circumference Inches (Enter only if bodysuit required) include breast Thigh Circumference PSIS Inches
 *Chest Circumference Inches (Enter for Bolero Sizing) Tilt: Neutral Degrees CW Degrees CCW Degrees

**NB: Measurement must be taken under the breast to determine the Comfort Plus Bolero size.*

BRACE TYPE INFORMATION

Primary deformity: Scoliosis Hyperkyphosis

Please **tick one** of the following option boxes and provide the requested information/x-ray files:

1. I have supplied digital full spine frontal and sagittal x-rays for brace type selection

OR 2. I have taken the following measurements from the patients full spine frontal and sagittal x-rays for brace type selection.

FRONTAL X-RAY

Curve 1 Apex: Cobb: Degrees Apex Rotation: Grade/Degrees CW CCW

Curve 2 Apex: Cobb: Degrees Apex Rotation: Grade/Degrees CW CCW

Coronal Balance(mm) T1-S1: RT LT T12-S1: RT LT

SAGITTAL X-RAY

Kyphosis Apex: Cobb: Degrees

Lordosis Apex: Cobb: Degrees

Sagittal Balance (mm) T1-S1: ANT POST T12-S1: ANT POST

3. I want to select brace type:

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> RAS Type 1 | <input type="checkbox"/> LAS Type 1 | <input type="checkbox"/> RAS Type 2A | <input type="checkbox"/> LAS Type 2A |
| <input type="checkbox"/> RAS Type 2B | <input type="checkbox"/> LAS Type 2B | <input type="checkbox"/> RAS Type 3 | <input type="checkbox"/> LAS Type 3 |
| <input type="checkbox"/> RAS Type 4 | <input type="checkbox"/> LAS Type 4 | <input type="checkbox"/> AHK Type 1 | <input type="checkbox"/> AHK Type 2 |