

**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  
 (Enter only if bodysuit required)

Chest Circumference  Inches  
 (Enter only if bodysuit required) *include breast*  
 Thigh Circumference  Inches

\*Chest Circumference  Inches  
 (Enter for Bolero Sizing)

PSIS 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

**OR**

3) I want to select brace type:

RAS Type 1  LAS Type 1  RAS Type 2A  LAS Type 2A

RAS Type 2B  LAS Type 2B  RAS Type 3  LAS Type 3

RAS Type 4  LAS Type 4  AHK Type 1  AHK Type 2