

DYNAMIC CORRECTIVE BRACE ORDER FORM

Order From:

Customer Order No:

PO Number:

Bill To:

Ship To:

PATIENT DETAILS

Name: _____ DOB: _____ Sex: Male Female

PATIENT PHYSICAL MEASURES

Number of Braces Additional Bodysuits Bodysuits without Legs
Bodysuits with Legs (One Bodysuit standard with each brace ordered)

1. SpineCor Scoliosis Classification _____

2. Spinal Length T4 – T12 Inches/cm
3. Spinal Length T1 – Coccyx Inches/cm
4. Hip Circumference Inches/cm
5. Thigh Circumference Inches/cm (max)
6. Chest Circumference Inches/cm (max)
7. Patient Height Ft/Inches/cm
8. Patient Weight lbs/kilos

ADDITIONAL INFORMATION

Curve 1 Apex: _____ Structural/Compensatory: _____ Limits: _____ To: _____

Curve 2 Apex: _____ Structural/Compensatory: _____ Limits: _____ To: _____

Curve 1 Magnitude Cobb: _____ Degrees Rotation: _____

Curve 2 Magnitude Cobb: _____ Degrees Rotation: _____

Risser Value: _____

Scoliosis Etiology: _____

Previous Treatment Type: _____ Duration: _____

Treatment Objective: _____

Supply Ready Assembled Brace Supply Components Only