

DYNAMIC CORRECTIVE BRACE ORDER FORM

Order From:
Customer Order No:
Bill To:
Ship To:

Patient Details

NAME: **DOB:** **SEX:** Male [] Female []

Number of Braces Additional Bodysuits (One Bodysuit standard with each brace ordered)

Bodysuits with Legs Bodysuits without Legs

1. SpineCor Scoliosis Classification.....
2. Spinal Length T4 – T12 Inches/cm 3. Spinal Length T1 – Coccyx Inches/cm
4. Hip Circumference Inches/cm (max) 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