BECKER

SPINECOR® movement is life...

PEDIATRIC 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

Number of Braces ☐ Bodysuits with Legs ☐ Bodysuits without Legs ☐ *(NB:Bodysuits are optional)*

If a bodysuit if required, please enter the appropriate measurements in box #7 and #8.

1. SpineCor Scoliosis Classification _____

2. Patient Height ☐ *Ft&Inches/cm*

3. Patient Weight ☐ *lbs/kilos*

4. Hip Circumference ☐ *Inches/cm (max)*

5. Thigh Circumference ☐ *Inches/cm (max)*

6. Chest Circumference for Comfort Plus Bolero ☐ *Inches/cm (max)*
(measurement must be taken under the breast)

7. Spinal Length T1–Coccyx ☐ *Inches/cm*

8. Chest Circumference ☐ *Inches/cm*
(Include breasts when measuring for bodysuit size)

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 ☐

Becker Orthopedic
F 800-521-2192 | 248-588-7480 | 635 Executive Drive
P 800-923-2537 | 248-588-2960 | Troy, Michigan 48083