

PEADIATRIC COMFORT PLUS BRACE ORDER FORM

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

Patient Details

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

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

If a bodysuit is 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)
Optional
6. Chest Circumference for Comfort Plus Bolero - *measurement must be taken under the breast* Inches/cm (max)
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:

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Supply Ready Assembled Brace Supply Components Only