CUSTOM TLSO ORDER FORM

Customer ID: _____ Order Date: _____ PO#: _____

BILLING INFORMATION

Facility: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION

☐ Same as Billing

Facility: _____ Practitioner: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INSTRUCTIONS

☐ Next Day Air ☐ 2nd Day Air ☐ 3rd Day Air ☐ Ground

PATIENT INFORMATION

Last Name: _____ First Name: _____

☐ Male ☐ Female Age: _____ Weight: _____ Height: _____ ☐ LT ☐ RT ☐ BIL ☐ Scan ☐ Cast

Diagnosis/Special Instructions: _____

FABRICATION INSTRUCTIONS

TYPE OF SPINAL ORTHOSIS

☐ TLSO ☐ Corrective TLSO
☐ LSO ☐ Corrective LSO
☐ Bi-Valve

OPENING

☐ Posterior ☐ Anterior W/Tongue

STRAPPING

☐ Posterior ☐ Anterior

MODIFICATIONS

LORDOSIS	☐ Maintain	☐ Reduce	☐ Increase
ABDOMEN	☐ Maintain	☐ Reduce	☐ Increase
THORATIC EXT.	☐ Maintain	☐ Reduce	☐ Increase
CORRECT	☐ Kyphois	☐ Scoliosis	☐ Decomp
ASIS RELIEF	☐ Yes		

Other _____

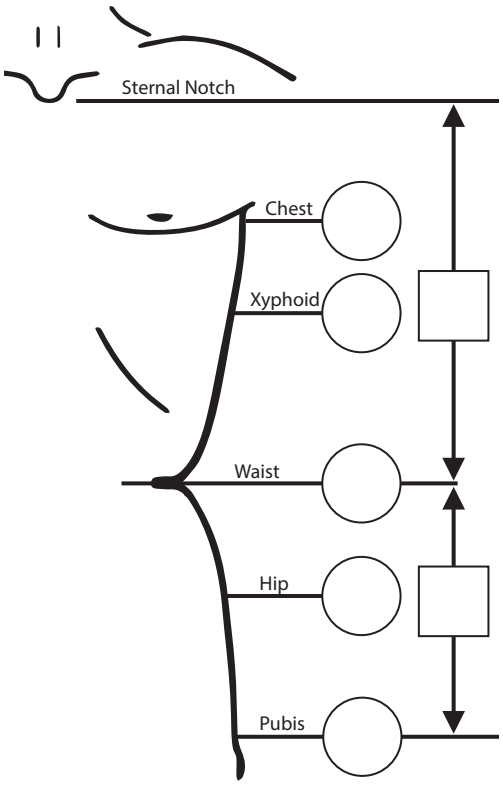
Transfer Paper _____

MATERIALS

PLASTIC
☐ 1/4 Co-Poly
☐ 3/16 Co-Poly
☐ 5/32 Co-Poly
☐ 1/8 Co-Poly

CORRECTIVE PADS

	Left	Right
Thoracic	☐	☐
Lumbar	☐	☐
Thoraco Lumbar	☐	☐
Axillary	☐	☐
Trapezius	☐	☐
Trochantaric	☐	☐
Kyphosis	☐	☐
Other	☐	☐



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