



Hours of Operation
Monday to Friday 8:30AM - Midnight (EST)*
Saturday 10AM - 9PM (after 9PM)**
Sunday 10AM - 8PM (after 8PM)**
 * Taking Custom TLSO Orders until 10 PM EST for Next Day Delivery.
 ** Extended Service Hours

EMAIL ORDERS TO: orders@spinaltech.com

191 Mid Tech Drive West Yarmouth, MA 02673
 8075 National Turnpike Louisville, KY 40214

800 253 7868 / Tech Direct 888 775 0588 / Fax

Custom Hip Orthometry Form

Ship To

Pt. Name		Next Day Air
Customer Acct. #		Next Day Air Saver
Shipping Alert		Next Day Early A.M.
PO #		2nd Day Air
Ordered By		2nd Day Air A.M.
Telephone		3rd Day
Internal Use		Ground
		Saturday Delivery
		Saturday Early A.M.
		Due Date

Check box for **Flex Foam®** **1. Ext. Frame** | **2. Int. Frame** | **3. No Frame** | **Body Sock:** Quantity _____ Small | Medium | Large | X-Large

Anterior Overlap Single Opening | Anterior w/ Tongue Single Opening | Posterior Opening Single Opening | Lateral Opening L / R Single Opening | Posterior Section w/ Corset or Soft Ant.

Bi-Valve: Smooth or Step Overlap or Open w/Tongues | Anterior Over Posterior | Anterior Into Posterior | Trim Foam on Overlap

Info:

Low Profile (LSO)	High Profile (TLSO)	Unfinished	FINISHED
Plastic Type	Thickness	Liner Thickness	Foam Waist Pads
			PR's
			Spinal Surgery Relief
			Built-In Relief
			Foam Insert Strips

Transfer/Decals:

Straps: 1" | 1 1/2" | 2" | **Extended Chafes:** Plastic or Dacron | Please circle one **Static Spica** | **Hip Joint**

Sternal Shield: Straps Axilla or Shoulder | **Cervical Ext:** Lerman Type | **Other:** _____

Finish Instr: _____

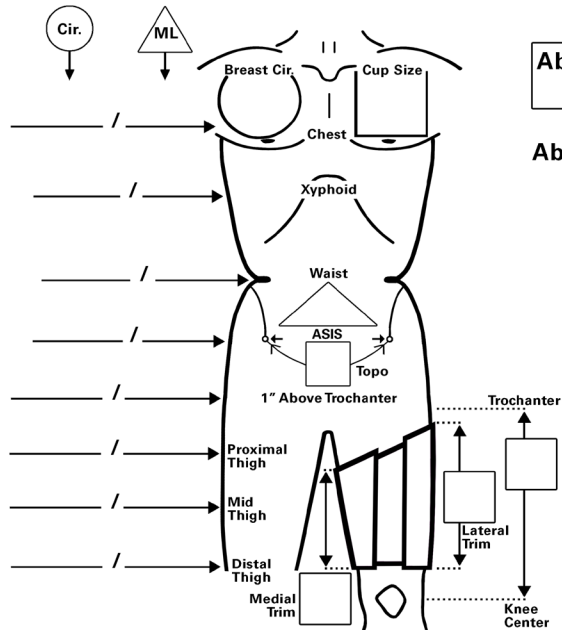
Flexion: _____
 Abduction: _____
 Thigh: L | R
Hip Joint Type: _____

Shape & Reliefs:

Male | Female | Age | Hgt. | Wgt. | **Diagnosis:** _____

Check for Condyle Extension

Lordosis: 15° | **Other:** _____ | **Meas. Taken:** Standing | Supine | **Finish Trim Lines:** Customer | Spinal Tech



Abdominal Binder

Abdominal Relief (if required)

- Pend
- Full
- Small
- Med
- Lg
- X-Lg

