



Providence Orthometry Form

Ship To

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

| | | | | |
|-----------------------------------|--|-----------------|-----------------|--------------------|
| Opening Anterior w/ Tongue | Body Sock: Small Medium Large X-Large | | | |
| Style Finished Straps | Quantity: _____ | | | |
| Plastic Type | Plastic Thickness | Liner Thickness | Pressure Strips | Blue Mat (Conical) |
| Plastic Transfer/Decals: | | | | |
| Male | Female | Age | Hgt. | Wgt. |

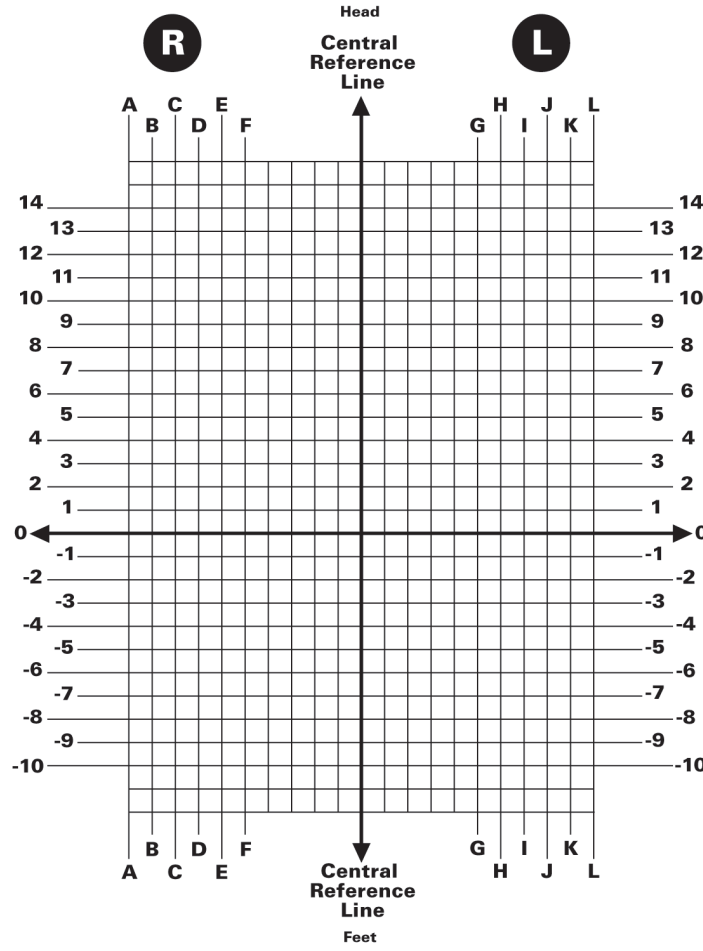
| Pad Placement with Board | | |
|--------------------------|---------------|-----------------------|
| Stabilizing Pads | Column (down) | Row (across) |
| Axilla | | |
| Trochanter Pad | | |
| Pressure Pads | Column (down) | Row (across) Distance |
| Lumbar Pad | | 0 |
| Thoracic Pad | | |

Instructions

Check box if Patient is a current or previous brace wearer

Check box if Pediatric Blocks were used

| Measurements | Curve Analysis |
|--|--|
| Cir Axilla <input type="text"/> A/P <input type="checkbox"/> Xyphoid <input type="text"/> Xyphoid Level <input type="checkbox"/> Waist <input type="text"/> ASIS <input type="text"/> A/P <input type="checkbox"/> Troch <input type="text"/> ASIS Level <input type="checkbox"/> | Thoracic Curve: L or R Thoracic Apex: T____ Lumbar Curve: L or R Lumbar Apex: L____ Thoracolumbar Curve: L or R Thoracolumbar Apex: L1 or T12 |
| Xyphoid <input type="text"/> Waist/Row <input type="text"/> Pubis <input type="text"/> | |



Length and A/P Measurements taken with patient on board and pressure pads in place.

By Cast Mold # _____ M _____ P _____ F _____ S _____ QC _____

E-mailed X-Ray / X-Ray / Disc