

ORDER FORM

Order From:	
Customer Order No:	PO Number:
Bill To:	
Ship To:	

Patient Details Please select type of brace: 111 SpineCor Dynamic Corrective Brace (Pediatric)
 112 SpineCor Pain Relief Back Brace (Adult)

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

Number of Braces Additional Bodysuits (One Bodysuit standard with each brace ordered)

1. SpineCor Scoliosis Classification.....
2. Spinal Length T4 – T12 Inches 3. Spinal Length T1 – Coccyx Inches
4. Hip Circumference Inches (max) 5. Thigh Circumference Inches (max)
6. Chest Circumference Inches (max) 7. Patient Height Ft/Inches
8. Patient Weight lbs

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:

.....

.....

.....

.....

.....