



Atlantic Rim

BRACE MANUFACTURING CORP.

25 B Progress Ave
nashua, new Hampshire 03062

To place an order:
800.233.0356/TEL
800.233.0357/FAX

ORDER FORM

CUSTOM SPINAL

DATE REQUIRED _____

DATE _____ PO# _____

CONTACT _____

PRODUCTION # _____

BILL TO: () _____

SHIP TO: _____

MODULE

N.E.Scoliosis
LOC Scoliosis
Overlap (A.O.B.)
Soft body T.L.S.O.
Hudson
Bivalve
Hip Spica
Thigh Cuff
Cast
Measurements

MATERIAL

LDPE
Copolymer
MPE
High Density
Foam 1/8Ø
1/8Ø 5/32Ø
3/16Ø 1/4Ø

OPENING

Anterior
Posterior
Overlap
Bivalve

LINER

Unlined
Lined
1/8Ø 3/16Ø 1/4Ø

PATIENT

Name _____

Diagnosis _____

Sex _____ Age _____
Ht. _____ Wt. _____
* Bra Size _____

LORDOSIS

0° 15° 30° _____

UPS

Red
Blue
Orange
Ground

FED EX

Priority 1
Standard
Economy
Other

MEASUREMENTS TAKEN

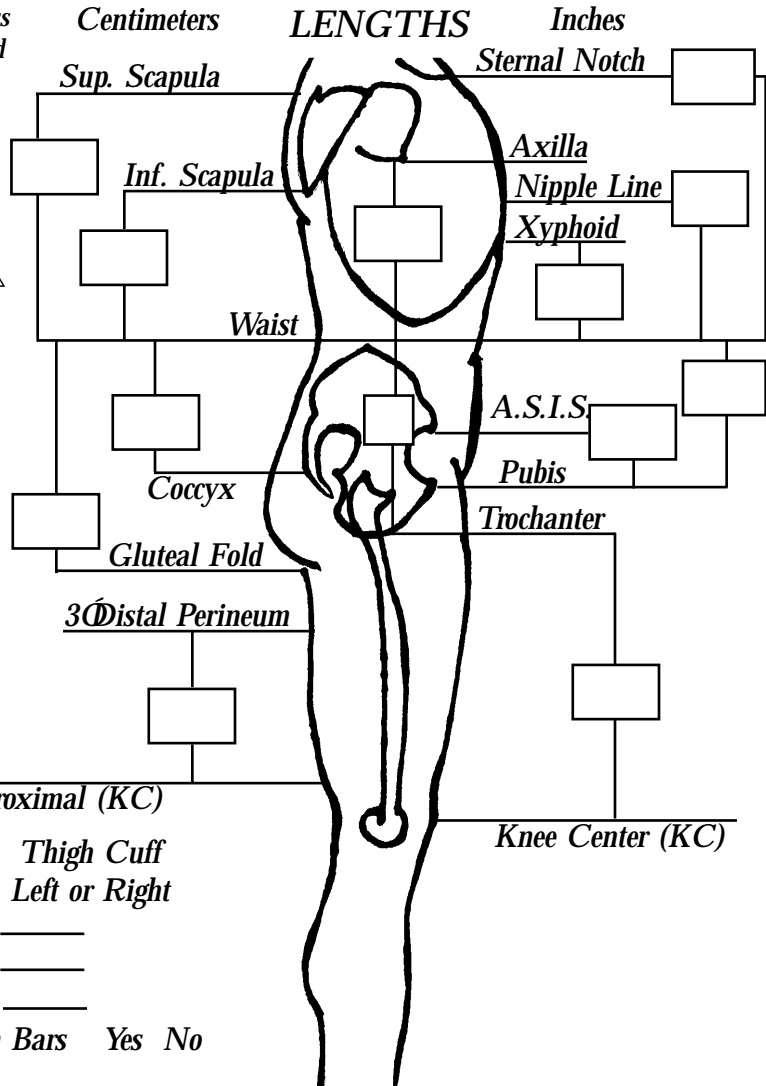
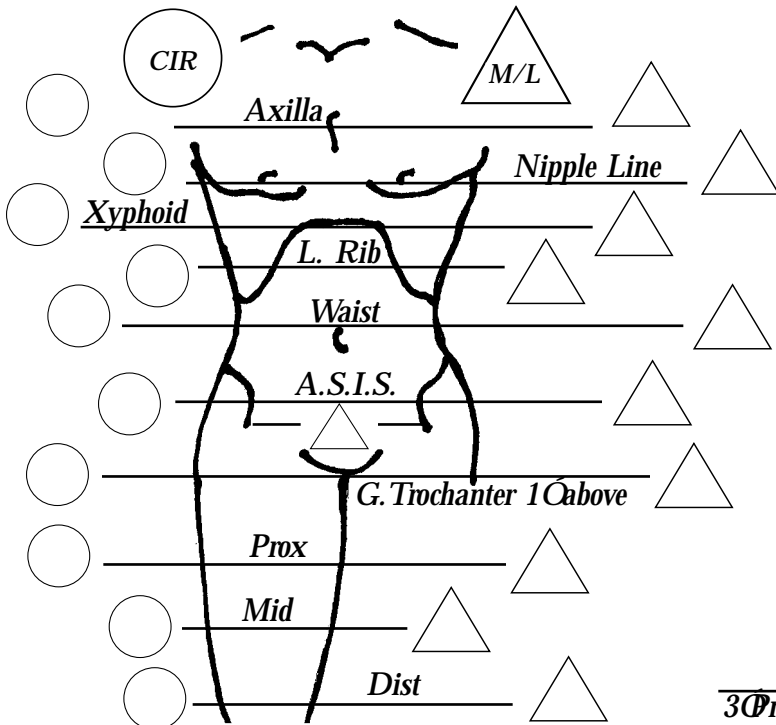
Standing _____ Sitting _____ **Supine _____

STYLE

*TLSO LSO
* Finished Unfinished
Trimmed Strapped Ventilated

* Include female measurements
** Lengths will be adjusted unless otherwise specified

Taken by _____ Time _____
Mold # _____



SPECIAL CONSIDERATIONS:

Thigh Cuff
Left or Right _____
Flex _____
ABD _____
Joint _____
Growth Bars Yes No