


**PATIENT**

Last Name/Patient ID

First Name

DOB      /      /       Male     Female

Weight      Height

Dx

**COMPANY**

Name

Contact Name

Phone      Fax

E-mail

**BILLING / SHIPPING**

**BILLING**

Address

City

ST/Prov      Zip

Shipping address same as billing?     Yes     No

**SHIPPING**

Address

City

ST/Prov      Zip

PO #

Order confirmation:     Fax     E-mail

**FedEx SHIPPING OPTIONS**

**Need by Date**

Ground .....FREE

2 Day® A.M. 10:30 a.m. or noon 2nd business day .....\$30.00

Priority Overnight® 10:30 a.m. next business day .....\$55.00

First Overnight® 8:00 a.m. next business day .....\$100.00

Next Day ..... \$75.00

Same Day ..... \$100.00

**24**  
**Rush Fab**  
*Shipping charges apply separately*

**CASTS**

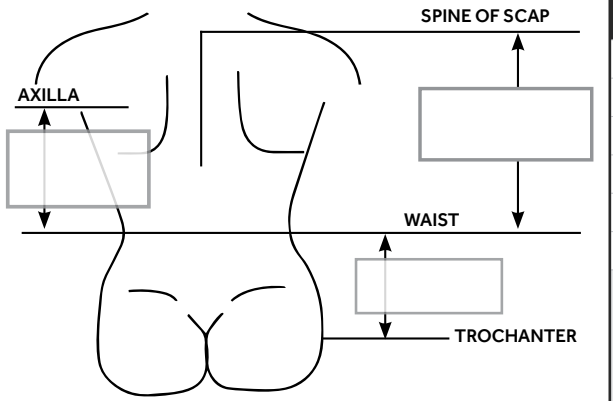
Sending Casts:     Yes     No

Return impressions pre-modifications \$20.00/pr.

Send casts: 17530 Dugdale Dr. South Bend, IN 46635

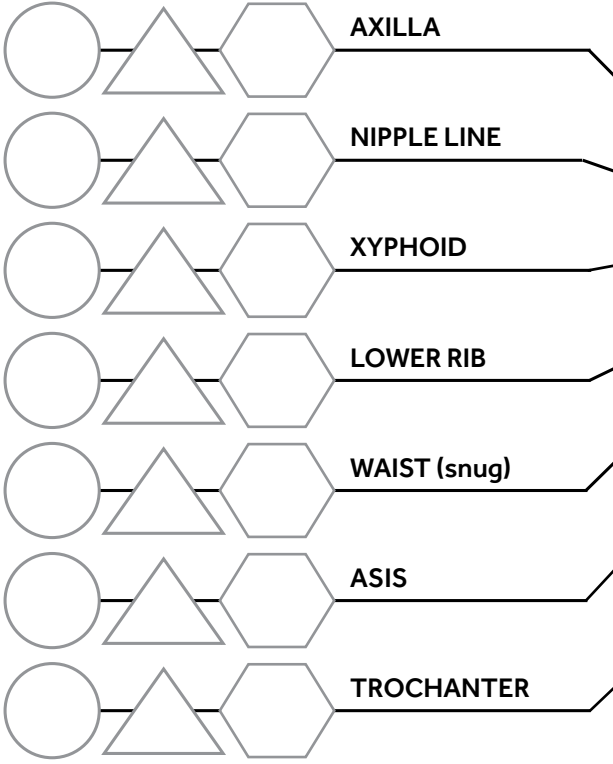
**MEASUREMENTS**

Circumference     M/L     Distance     A/P

**THESE MEASUREMENTS SHOULD BE TAKEN IN PRONE POSITION**


Lordosis      Kyphosis

*15° standard*      *10° standard*


**STYLE**

Standard TLSO  
 1/16" co-poly & 3/16" volara liner

Softee TLSO  
 1/8" volara liner, with stays and 1/8" puff

**CUSTOMIZE**

Pattern:

Strap Color:

Puff Color (patterns not available):

Strap Color:

**ADDITIONS/MODIFICATIONS** (Additional charges may apply, see price list)

**Opening:**     Anterior     Posterior

**Gill Mods:**     Lateral     Anterior

Abdominal Cutout     G-Tube     Bac Pump

Add Gusset     Bi-valve     Add Reinforcement Strap

**Other Plastic Type:**      Thickness:

**Other Liner Materials:**      Thickness:

**NOTES**

**THESE MEASUREMENTS SHOULD BE TAKEN IN SUPINE POSITION**  
 Do not take measurements in standing or seated positions