

## **PECTUS BRACE FORM**

Date / /

## **SUBMIT FORMS**

Fax 866.868.1890 | E-mail orders@surestep.net Customer Service 877.462.0711

### **MEASUREMENTS**

AXILLA	
XYPHOID	0 0 /
CLEARLY MARK POINT OF DEFORMITY	
	$\mathcal{M}$

# SCANS ARE REQUIRED

### Accepted files for scanning

- » STL files are generic 3D file extensions used throughout the industry.
- » Captevia files come from a structure sensor attached to an iPad and scanned using the Rodin 4D Captevia app.

Scan files must be submitted with a completed orthometry form (o-form) and measurements. The scan file must match the PO number provided on the measurement form.

#### **NOTES**

PA	TIENT	
Las	st Name/Patient ID	
Firs	st Name	
Ag	е	□ Male □ Female
We	ight	Height
Dx		
CC	MPANY	
Na	me	
Со	ntact Name	
Pho	one	Fax
E-mail		
BILLING / SHIPPING		
S <sub>Z</sub>	Address	
	City	
-	ST/Prov	Zip
ی	Shipping address same	as billing? □ Yes □ No
SHIPPING	Address	
H S	City	
	ST/Prov	Zip
PO#		
Order confirmation: ☐ Fax ☐ E-mail		
FedEx SHIPPING OPTIONS		
Need by Date		
☐ Ground <sup>®</sup> FREE		
☐ 2 Day® A.M. 10:30 a.m. or noon 2nd business day\$30.00		
TATEL 10.50 a.m. or noun Zitu business uay		
☐ Priority Overnight® 10:30 a.m. next business day\$55.00		
☐ First Overnight® 8:00 a.m. next business day\$100.00		
CASTS		
Sending Casts: ☐ Yes ☐ No		
☐ Return impressions pre-modifications \$20.00/pr.		
Send casts: 17530 Dugdale Dr. South Bend, IN 46635		

