

Account Name _____ Phone (____)____-____
 Address _____ Date ____-____-____
 Patient Name

- LSO TLSO CTLSO Hip Spica? []R []L
 Type of Joint: _____
 Soft Spinal? with Frame: Internal or External
 Stays? Permanent Removable

Material _____ Thickness _____

Liner: 1/8" 3/16" 1/4" Unlined

Opening:

Bivalve (smooth) Anterior Anterior Overlap
 Bivalve (step) Posterior Lateral Left or Right

Finished: YES NO Straps unattached

- Options: Sternal Shield Axilla Straps Shoulder Straps
- Posterior Reinforcement Transfer Paper

SPECIAL INSTRUCTIONS

QUESTIONS?

