

DATE: _____ TIME: _____ MOLD #: _____
 ORDERED BY: _____
 P.O. #: _____ DATE NEEDED: _____
 SHIP TO FACILITY _____
 STREET ADDRESS _____

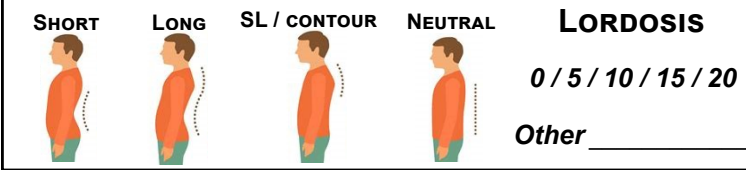


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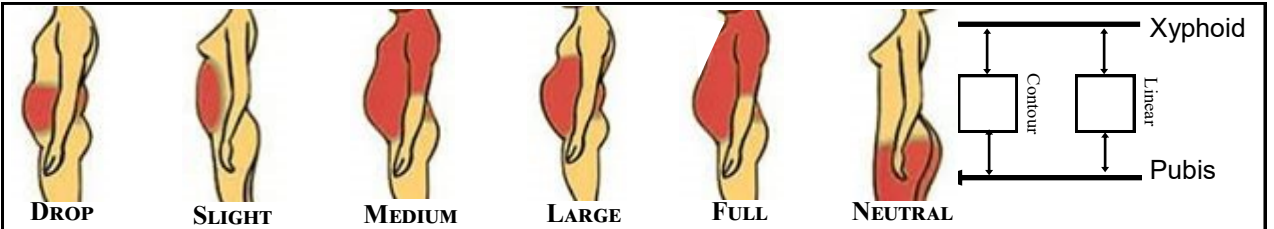
CITY _____ STATE _____ ZIP _____
 PHONE # _____
 OTHER # _____
 SAME DAY _____ UPS _____ BY 8:30 AM
 NEXT DAY _____ FED EX _____ BY 10:30 AM
 SECOND DAY _____ DELTA DASH _____ BY 12:00 PM
 THIRD DAY _____ GROUND _____ BY 3:00 PM
 PICK UP _____ COURIER _____ END OF DAY

PATIENT NAME: _____
 AGE _____ SEX _____ HT. _____ WT. _____
 MEASUREMENTS TAKEN: SUPINE / STANDING / SITTING
 DIAGNOSIS _____
 SPECIAL CONSIDERATIONS: _____

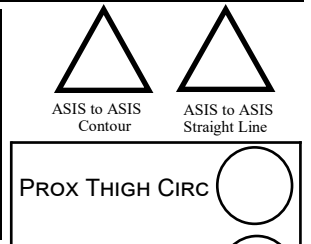


TYPE: TLSSO / LP / LSO / CTLSSO
 OPENING: ANT / POST / LAT
 OVERLAP: SMOOTH / STEP
 DESIGN: 70-30 / 60-40 / SOFT
 SOFT: EXTERIOR/INTERIOR/STAYS
 CUT FOAM: ANTERIOR/POSTERIOR
 PROMINENT RIBS: YES / NO
 PROMINENT ASIS: YES / NO
 WAIST PADS: YES / NO
 KYHOSIS: YES/NO/ DEGREE _____
 APEX FROM WAIST: _____
 BUILD UPS: _____

SPINAL RELIEF
 Yes / No
 Level
 _____ to _____



FABRICATION: Finished / Unfinished / Other _____
 PLASTIC: LDPE / COPOLY / MDPE / Other _____ GAUGE: 1/8 - 5/32 - 3/16
 LINER MATERIAL: Alplast / None / Other _____ GAUGE: 1/8 - 3/16 - 1/4
 CLOSURE: Yes - attached / Yes - unattached / No / Other _____
 OTHER FABRICATION: _____



VENTILATE: ANT / POST / BOTH
 TONGUES: LDPE / PELITE
 FASTENERS: RIVETS / TRUSS NUT
 STERNAL PAD: ATTACHED/UNATTACHED
 STERNAL PAD STRAPS: OTS / UTA

HIP BOLT _____
 BECKER DL _____
 OTHER _____
RIGHT/LEFT
 Greater Troch to Knee Center
 Greater Troch to Waist

MEASUREMENTS

Bra Cup Size

CIRCUMFERENCE M.L. A.P.

AXILLA:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIPPLE LINE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XYPHOID:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOWER RIB:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAIST:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1" ABOVE GT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINISHED TRIM

FLARE EDGES BREASTS INCLUDED
 HYGIENE CUT
 MUSTACHE CUT