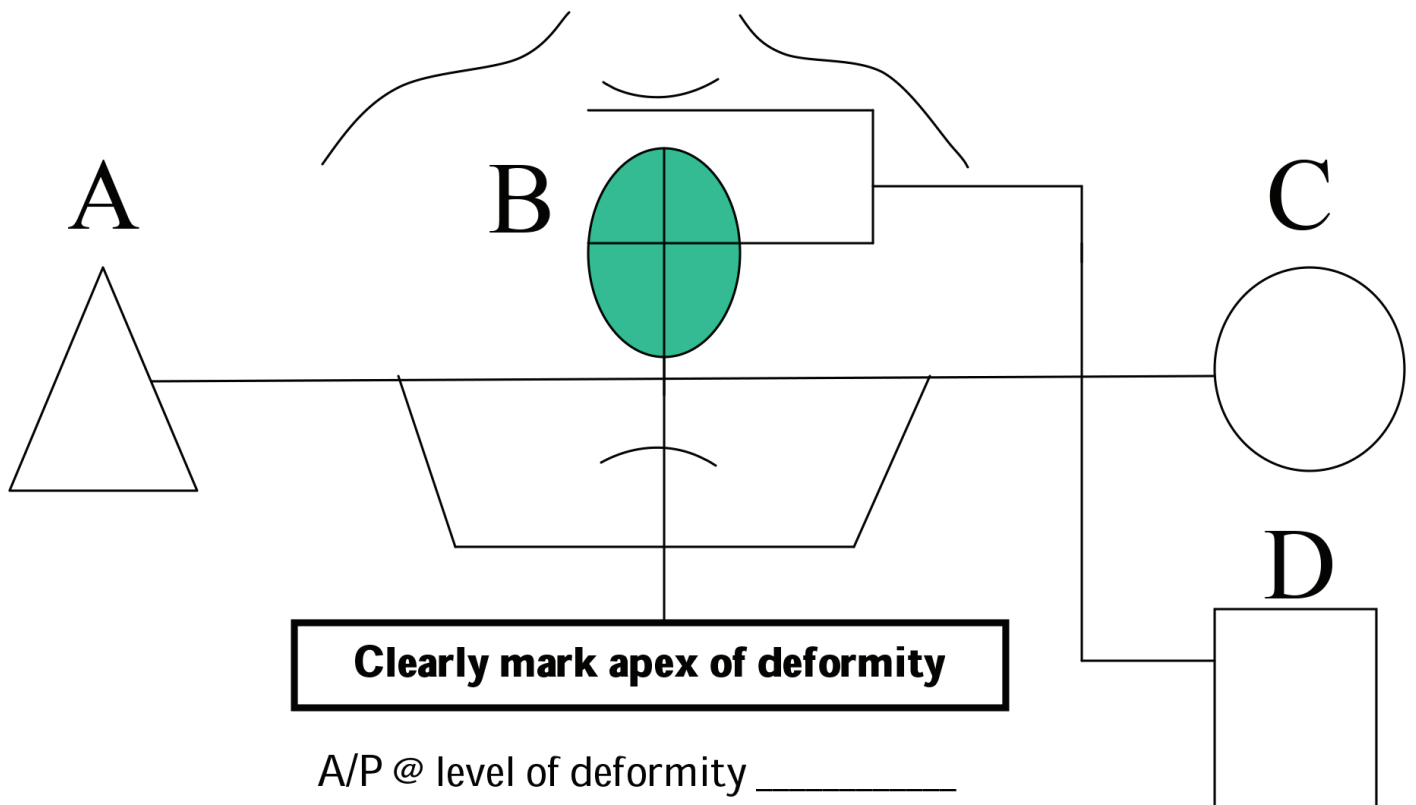


# WPC Compressor™ Orthometry Form



- A. M/L at level of deformity
- B. Clearly mark deformity
- C. Circumference at level of deformity
- D. Distance from apex to deformity to sternal notch

Please be sure to mark the spine and inferior angle of the scapula. Plaster or fiberglass casts are acceptable. Seal or secure cast before shipping.

Please provide silicone lining:

Yes ☐ No ☐

Please select compressor type:

☐ **WPC Compressor**  
Standard Brace

☐ **WPC Compressor II**  
Brace is used for deformity superior to the nipple line.

☐ **WPC Compressor With Extension**  
Brace for females with significant breast development

## Shipping and Billing Information

Date: \_\_\_\_\_ P.O.# \_\_\_\_\_

Facility to be billed: \_\_\_\_\_ Contact: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Ship Via: \_\_\_\_\_ Ship Date: \_\_\_\_\_ Shipping Method: Red ☐ Blue ☐ 3-day ☐ Ground ☐

## Patient Information:

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

if you have any questions or need additional information, please contact Brian Whitacre, Fabrication Lab Manager, at 1.888.552.2555.

Please note estimated production takes from 3 to 5 days.

**WESTCOAST BRACE & LIMB**