

Fuzion Spinal - Custom to Measure / Custom to Cast*

PATIENT INFO

ID _____
 M F Height _____ Weight _____
 Age _____ Diagnosis _____

CUSTOMER INFO

Date _____ Date Req'd _____ PO# _____
 Company _____
 Customer Acct # _____
 Ship To _____
 Contact _____ Phone _____
 Ship Via _____ On _____ Fax _____

*Items will incur additional charge

LSO TLSO

Order #

OPENING

- Anterior
- Anterior Overlap
- Bivalve Smooth
- Posterior
- Lateral

Inner Liner Color _____
 Outer Liner Color _____
 Lordosis _____
 (over 20°*)
 Bra Cup Size _____

PLASTIC

- Mod Nat Polyeth
- Polar White Polyeth
- Co-Poly
- Polar White Co-Poly
- Kydex
- Other _____

FRAME

- External Internal*
- 1/8" 3/16" 1/4"
- Anterior Tongue
(EVA Polyeth*)
- Ventilate
- Finish Unfinish
- Spinal Relief

Transfer Pattern* _____
 Notes _____

STRAPS

- Shoulder Straps
- Axilla Straps
- 1-1/2" 2"

Circ ML A-P Length



FINISHED TRIMLINES

