

TLSO Measurements

2 sided form - please complete both sides.

Patient Information

Patient Name _____

Age _____ Sex _____

Diagnosis _____

Current User? Yes No

X-Ray? Yes No

Date _____

Customer _____

Atlas Body Atlas Comfort Atlas Scoliosis Atlas CAD CAM

Order No. _____

Orthotist _____

Brace Design

Axilla Extension Left Right

Thoracic Pad Left Right

Lumbar Pad Left Right

Trochanter Extension Left Right

Curve Type _____

Orthosis Options

To a fitting? Yes No

Add. Spec. _____

Straps _____

Lapel _____

Abominal Shape _____

Gusset material on window? Yes No

Cut Out Location _____

Opening: Anterior Posterior Bi Valve

Offset Opening: Left Right

Lordosis: 0 10 15

Materials

Material _____

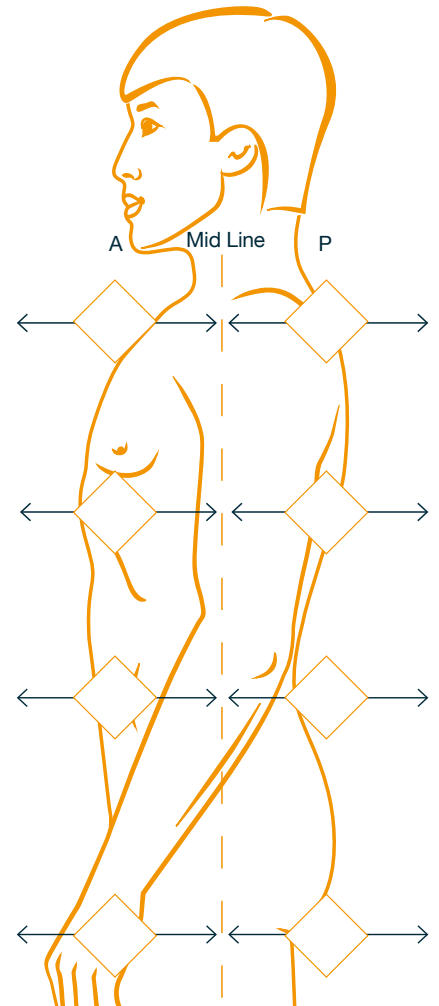
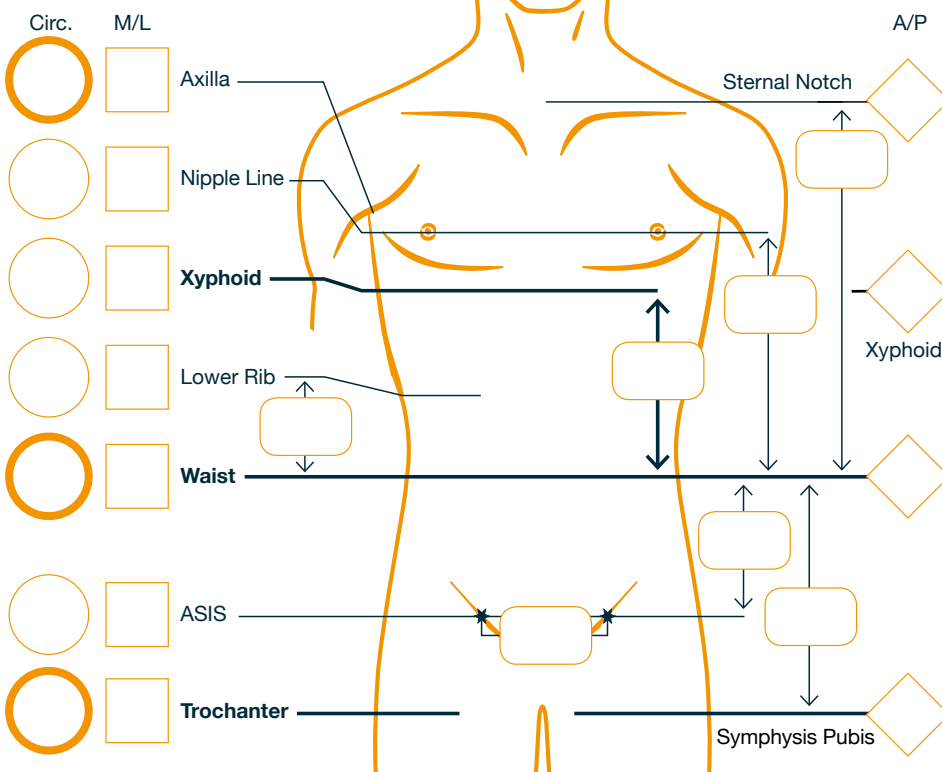
Thickness _____

Colour/Transfer _____

Lining _____ 3 6

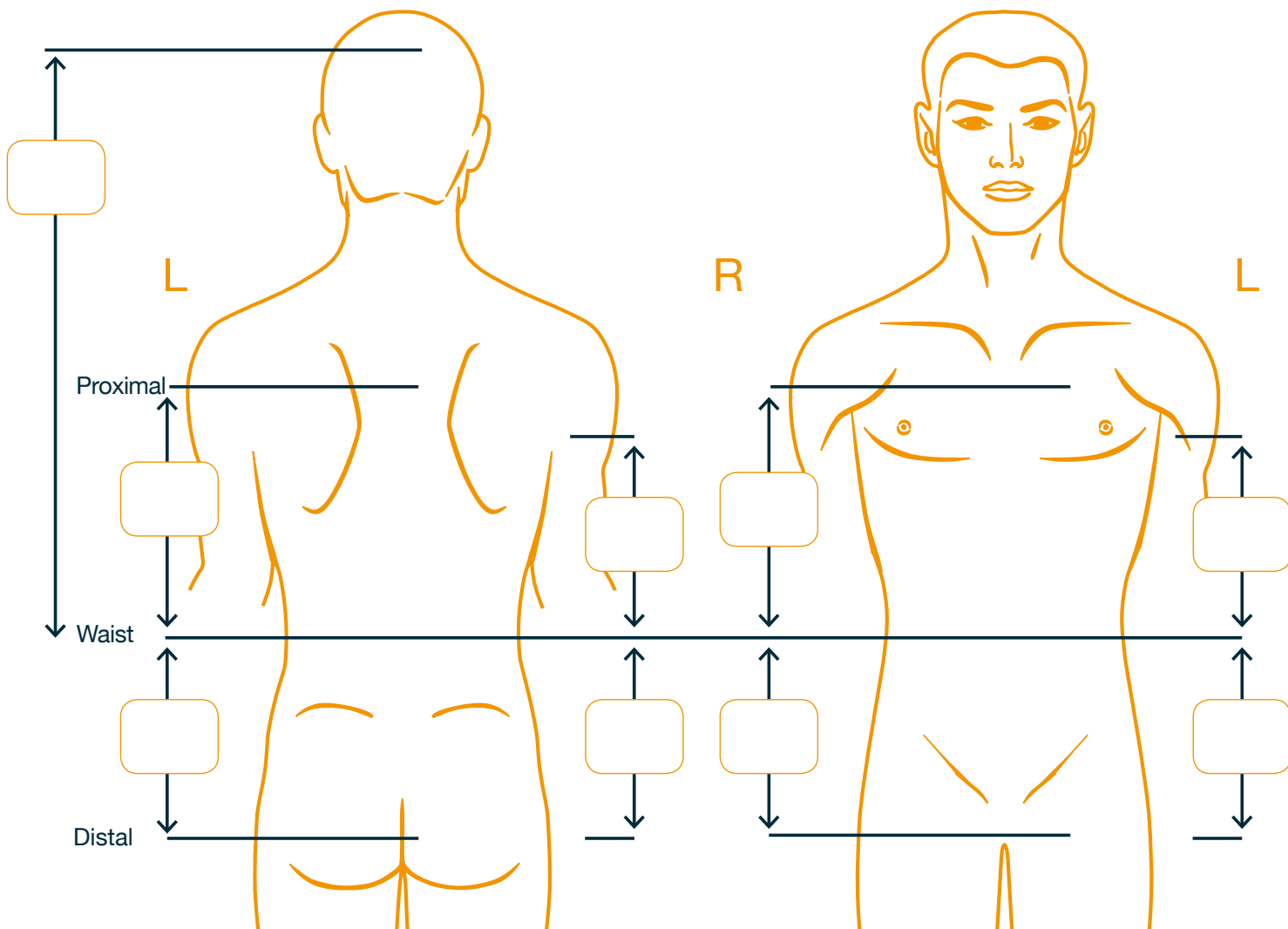
Measurements

Only take all measures if ordering made to measures. Otherwise, just fill in bold circles.



Finished Trimlines

Please indicate trimline required.



Any Other Information