

Atlas Collar Draft

Patient Information

Patient Name _____ Current User? Yes No
Age _____ Sex _____ X-ray? Yes No
Height _____ Weight _____ Photos? Yes No
Diagnosis _____

Order Information

Date _____ Order No. _____
Customer _____
Orthotist _____
 Atlas Comfort Collar Atlas Hard Collar

Orthosis Options

To a fitting? Yes No
Additional Spec _____

Straps _____
Lapel _____
Ventilation Holes _____
Chin Cupping Yes No
Opening Left Right Bi-valve
In-fill Left Right Anterior

Materials

Cover Material _____
Thickness _____
Colour Transfer _____
Lining _____
Reinforcements (for Comfort Collar only)
 None 3mm 4.5mm
 Vertical Strips H-Frame

Measurements and Trimlines

Please draw trimlines.

