

# Measurements/Orders

## Atlantic Rim Brace Order Form

**Invoice Address:**

Hospital: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Delivery Address:**

Hospital: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Module:**

N.E. Scoliosis   
 LOC Scoliosis   
 Overlap (A.O.B.)   
 Soft Body T.L.S.O.   
 Body Jacket   
 Soft Overlap   
 Cast   
 Measurements

**Opening:**

Anterior   
 Posterior   
 Overlap   
 Bivalve

**Material:**

LDPE   
 Copolymer   
 MPE   
 High Density Foam   
 1/8   
 3/16   
 5/32   
 1/4

**Style:**

TLSO \*   
 LSO   
 Finished \*   
 Unfinished   
 Trimmed   
 Strapped   
 Ventilated

**Liner:**

Unlined   
 Lined - 1/8   
 3/16   
 1/4

**Patient:**

Name: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Bra Size: \_\_\_\_\_ Lordosis: 0° 15° 30°

**Special Considerations:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Measurements Taken:**

Sitting   
 Standing   
 Supine \*\*

\* Include female measurements  
 \*\* Lengths will be adjusted unless otherwise specified.

