



**FRIDDLE'S**  
ORTHOPEDIC APPLIANCES, INC.

12306 Belton Honea Path Hwy. Honea Path, SC 29654  
(800) 528-9339 Fax (800) 982-3646

Customer: \_\_\_\_\_  
(Bill to:) \_\_\_\_\_  
\_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

# Custom Spinal Order Form

Date: \_\_\_\_\_ Date Required \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Ship To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UPS: Regular       UPS: Next Day Air       UPS 2 Day  
 UPS: 3 Day       Other \_\_\_\_\_

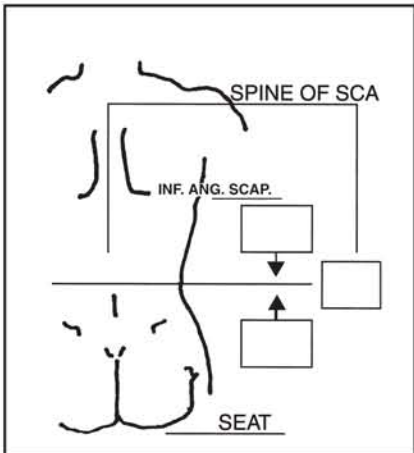
Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Diagnosis \_\_\_\_\_

TLSO       Scoliosis TLSO       Post-OP       Scoliosis CTLSO       CTLSO

Brace Made To:  Measurements  Cast      Taken:  Supine  Standing

Opening/Type	Degree Lordosis	Material	Special	Other	Special CTLSO
Anterior	0° / 15° / 30°	Copolymer	Finished	Lumbar Pad	SS LP Neck Ring
Posterior	_____°	LDPE	Blank	Left	Plastic LP Neck Ring
Bivalve	<b>Abdominal Style</b>	MPE	Strap Kit	Right	Throat Mold
__50/50	Flat	HDPE	Unlined	Thoraic Pad	Stainless Steel
__70/30	Full	Thickness	Lined	Left	Superstructure
__60/40	Pendulous	Color	Thickness	Right	Aluminum
Overlap	<b>Paper Transfer</b>	_____	_____	Kyphosis Pads	Superstructure
Lateral	Application	_____	_____	Waist Groove Pads	
Left	Style/Pattern	_____	_____		
Right	_____	_____	_____		

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### CIRC-LL MEASUREMENT INFORMATION

CIRC    L-L    A-P \* Metric Measurements Please

MEASURED BY: \_\_\_\_\_