



**FRIDDLE'S ORTHOPEDIC APPLIANCES**

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 \_\_\_\_\_

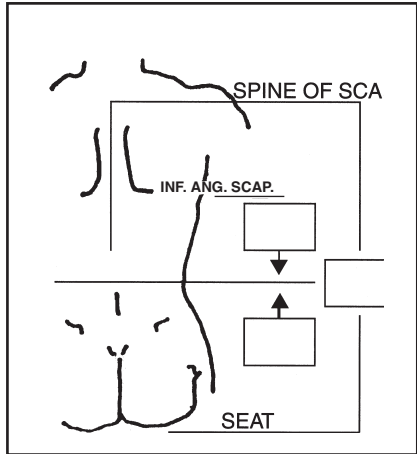
- TLSO       Scoliosis TLSO       Post-OP       Scoliosis CTLSO       CTLSO

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			
__70/30	Full		Unlined	Thoracic Pad	Stainless Steel
__60/40	Pendulous	Thickness _____	Lined	Left	Superstructure
Overlap	<b>Paper Transfer</b>			Right	
Lateral	Application	Color _____	Thickness _____		Aluminum
Left	Style/Pattern			Kyphosis Pads	Superstructure
Right					

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



**CIRC-LL MEASUREMENT INFORMATION (Level of Trochanter)**

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

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

