

Pectus Carinatum Brace Order Form

Order Date: _____ Date Needed: _____ PO#: _____

SHIPPING INFORMATION

Facility: _____ Practitioner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

BILLING INFORMATION Same as shipping – leave blank

Facility: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SHIPPING INSTRUCTIONS

Ground 2-day (additional charges) Overnight (additional charges) Local

PATIENT INFORMATION

Name: _____ DOB: _____ Gender: F M

Diagnosis/Special Instructions:

CAST/SCAN INFORMATION

Sent physical cast

Scanning app used: DigiScan3D TechMed Other: _____

Scanner used: Structure Vorum Other: _____

FABRICATION INSTRUCTIONS

Longitudinal length of deformity: _____ cm Transversal width of deformity: _____ cm

Panel Color: Black White Clear Blue Green Orange Red

A/P Center Panel Foams: EVA (1/4"): Black Black/Grey Swirl Blue/White Swirl Teal Red
 Pink Purple White Camo Green Camo Yellow Red Blue Green Swirl Black Perforated
 Blue Perforated

or P-Cell (1/2"): Light Blue Silver Beige Black

Side Panel Foams: EVA (1/8"): Black Black/Grey Swirl Blue/White Swirl Teal Red
 Pink Purple White Camo Green Camo Yellow Red Blue Green Swirl Black Perforated
 Blue Perforated

or P-Cell (3/16"): Light Blue Silver Beige Black

Aluminum Bar: Anterior (standard) Anterior & Posterior (\$25)

Add Anterior Gel Pad (+\$25): Yes No Screenshots of panel layout for approval: Yes No