Print Form

PROTOSTHETICS
3D PRINTED PROSTHETICS

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(701) 478-2001

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: _____ Sex: ☐ F ☐ M

Diagnosis/Special Instructions:

_____

_____

CAST/SCAN INFORMATION

☐ Sent physical cast

Scanning app used: ☐ DigiScan3D ☐ TechMed ☐ Other: _____

Scanner used: ☐ Structure ☐ Vorum ☐ Other: _____

FABRICATION INSTRUCTIONS

Length of Deformity: _____ cm **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
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
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