

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 3DSizeMe Other: _____

Scanner used: Structure Insignia Other: _____

FABRICATION INSTRUCTIONS

Length of Deformity: _____ cm Width of Deformity: _____ cm Circumference at Xiphoid: _____ 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 Blue
 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 Blue
 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): No Yes

Screenshots of Panel Layout for Approval: No Yes Add iButton Sensor (+\$85): No Yes

Add Shoulder Straps (+\$50): No Black White Xiphoid to Inferior Scapula (Over Shoulder): _____ cm (Straps Only)