

# Pectus Carinatum Brace Order Form

Order Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ PO#: \_\_\_\_\_

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  F  M

Diagnosis/Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Sent physical cast

Scanning app used:     DigiScan3D     TechMed     Other: \_\_\_\_\_

Scanner used:         Structure     Vorum         Other: \_\_\_\_\_

**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

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):**  No  Yes

**Screenshots of panel layout for approval:**  No  Yes    **Add iButton Sensor (+\$135):**  No  Yes

**Add Shoulder Straps (+\$50):**  No  Black  White    **Xiphoid to Inferior Scapula (Over Shoulder):** \_\_\_\_\_ cm (Straps only)