

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 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)