

# Spinal Measurement Chart

Business Name: \_\_\_\_\_  
 Orthotist Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 P.O. #: \_\_\_\_\_ Date Required \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Shipping Instructions: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Sex: M F

TLSO                      LSO  
 OPENING: ANT. POST. BIVALVE OVERLAP  
 SCOLI BRACE: SEND X-RAYS  
 HIP SPICA: LEFT      RIGHT

Circle Mfg. Instructions Below:

BRACE BY:  
 CAST or MEAS.

Materials:  
 1/8" 5/32" 3/16" OR 1/4"  
 BOLT-iflex  
 LDPE  
 Copolymer  
 Polypropylene

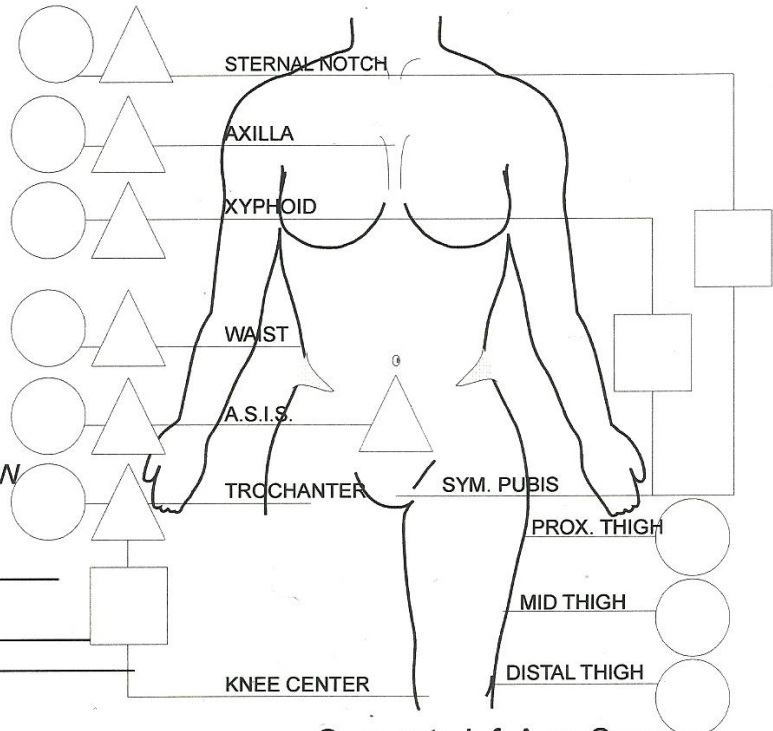
LINER: Y N

FINISH: Y N

BREAST OPENING: Y N BELOW

STRAP: Y N  
 LORDOSIS \_\_\_\_\_ KYPHOSIS \_\_\_\_\_

COMMENTS: \_\_\_\_\_



**Send Order to:**

BOLT Systems, Inc.  
 Ph: 407-425-0012  
 Fax: 407-425-5554  
 1700 Silver Star Rd  
 Orlando, FL 32804

\_\_\_\_\_ Coccyx to Inf. Ang. Scap.  
 \_\_\_\_\_ Coccyx to Spine of Scap..