HiTek

BILL TO:
Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

(636) 387-7900 / Tech Direct HiTekFab.com / Online

Submit Online at: HiTekFab.com
222 Turner Blvd, Saint Peters, MO. , 63376

HT-GOS-SCOLI Spinal Measurement Form

Bill to /
Ship to:

☐ Check to ship to alternate address

Patient ID	☐ Next Day Air
First Last A	☐ Next Day Air Saver
PO #	☐ Next Day Early A.M.
Practitioner	☐ 2nd Day Air
Telephone	☐ 2nd Day Air A.M.
Due Date	☐ 3rd Day
	☐ Ground
	☐ Saturday Delivery
	☐ Saturday Early A.M.

PATIENT INFORMATION

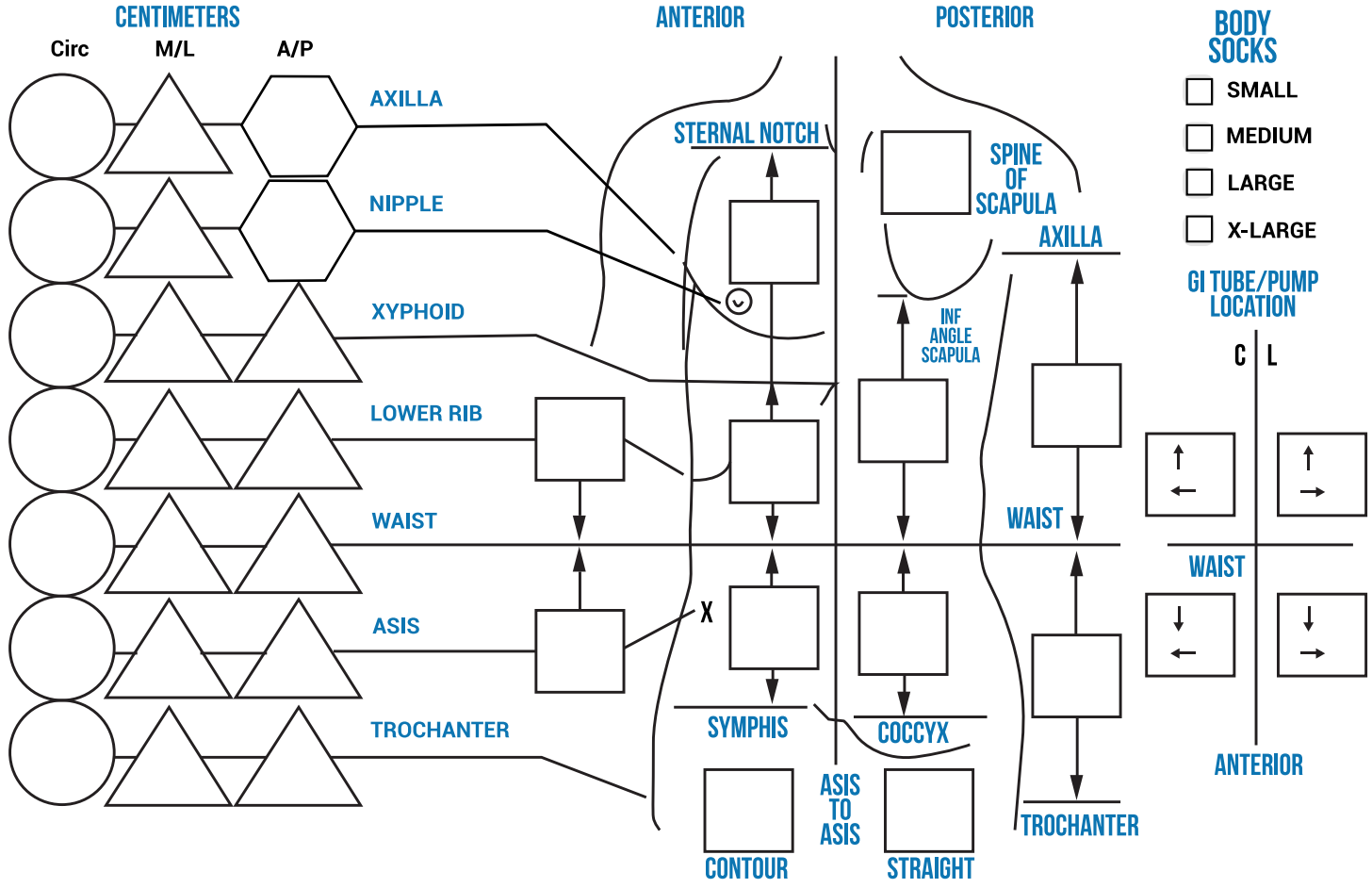
☐ Male ☐ Female | Age | Hgt.

Flexibility ☐ 0% ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100% | LLD ☐ Yes ☐ No

Brace Type ☐ CTSLO ☐ CTO ☐ TLSO ☐ LSO ☐ Posterior Shell

Opening ☐ Anterior ☐ Posterior ☐ Bi-Valve | ☐ Tongue

Material Copoly | **Thickness** 3/16 | **Foam** No | **Transfer/Decals:**



Special Instructions

☐ **Rush order***
(Extra Charge)