

**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

Bill to /
Ship to:

Check to
ship to
alternate
address

HT-GOS-SCOLI Spinal Measurement Form

Patient ID

First Last

PO #

Practitioner

Telephone

Due Date

Next Day Air
Next Day Air Saver
Next Day Early A.M.
2nd Day Air
2nd Day Air A.M.
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 Thickness Foam Transfer/Decals:

CENTIMETERS

Circ

M/L

A/P

AXILLA

NIPPLE

XYPHOID

LOWER RIB

WAIST

ASIS

TROCHANTER

ANTERIOR

STERNAL NOTCH

SYMPHIS

CONTOUR

POSTERIOR

SPINE OF SCAPULA

INF ANGLE SCAPULA

AXILLA

WAIST

COCYX

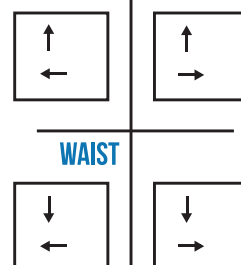
STRAIGHT

BODY SOCKS

- ☐ SMALL
☐ MEDIUM
☐ LARGE
☐ X-LARGE

GI TUBE/PUMP LOCATION

C L



WAIST

ANTERIOR

Special Instructions

☐ **Rush order***
(Extra Charge)