

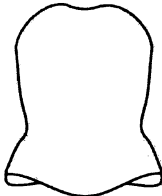
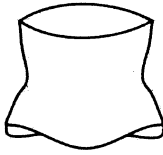
AOD Central Fabrication
 12315 Judson Rd. #200
 San Antonio, TX 78233

SPINAL ORTHOSIS

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____



PATIENT ID		<small>INTERNAL USE - DO NOT FILL IN PATIENT ID</small>
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Step 1: Device Type + Opening

<input type="checkbox"/> Thoraco-Lumbo-Sacral (TLSO)	<input type="checkbox"/> Lumbo-Sacral (LSO)	+	Opening
			<input type="checkbox"/> Posterior Opening <input type="checkbox"/> Anterior Opening <input type="checkbox"/> Bivalve

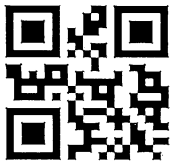
Step 2: Frame Material + Padding Material

Primary Color or Transfer Pattern: Natural Black Blue Pink US Flag Forest Camo Other

Frame Material	Frame Modifications	+	Padding Material
 <input type="checkbox"/> Modified LD Polyethylene <input type="checkbox"/> Polypropylene Copolymer <input type="checkbox"/> Polypropylene Homopolymer	<input type="checkbox"/> Frame Cutouts <i>Reduces Weight and Rigidity</i> <input type="checkbox"/> G-Tube Cutout <i>Mark on Cast</i> <input type="checkbox"/> Ventilation Holes		 <input type="checkbox"/> 23A Durometer Volara Foam <input type="checkbox"/> 25A Durometer EVA Foam <input type="checkbox"/> 35A Durometer EVA Foam

*Plastic and padding thickness selected based on patient size and weight.

Step 3: Order Notes and Special Requests



(P) 210-657-8100
 (F) 210-657-8105

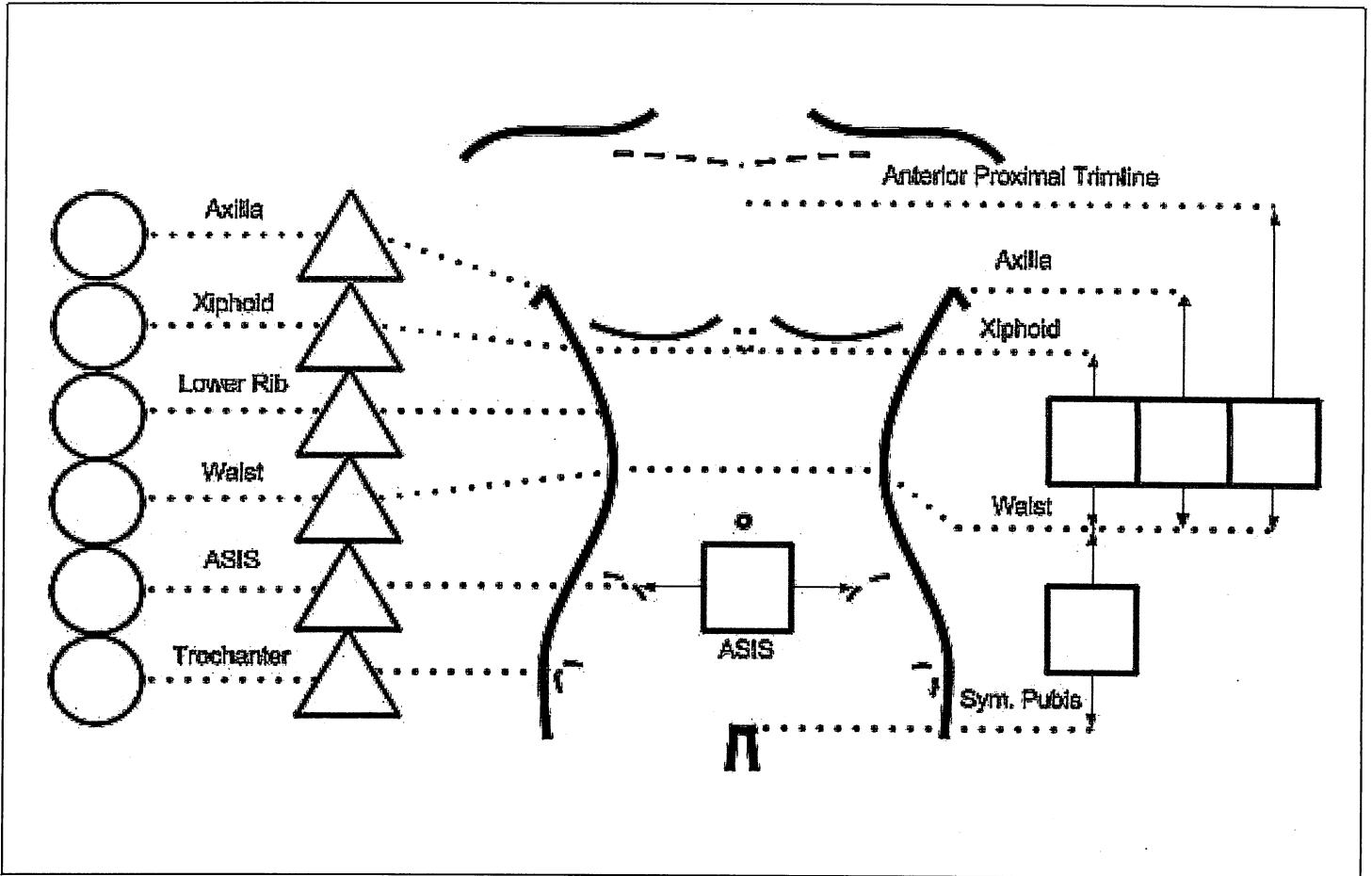
RECEIVED DATE	COMPLETED DATE

info@aodcfab.com

SPINAL ORTHOSIS

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.
Warranty information available at www.AODCFAB.com



INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS