

# ORDER FORM

## nBrace

**ORTHOLUTIONS**

→ Fax +49 (0)8031-354333-200  
 → info@ortholutions.de

### ORDERING INFORMATION

Company ..... Patient.....

Contact ..... Weight ..... Height.....

Initials ..... Customer No. .... Date Of Birth..... Sex  M  F

Tel/Fax ..... Diagnose.....

E-Mail ..... Date.....

### MODEL

Shirt Size  XS  S  M  L  XL Part No. .... Quantity.....

Circumference

A-P

L-L

Height

Spina ant-post

**COBB**

th .....

L .....

thL.....

Prev. Braces .....

Menarche .....

Risser.....

Trochanter Level

1

2

3

4

5

### SPECIAL INSTRUCTIONS

**To complete your order we need the following documents:**

1. X-Ray (jpeg, high resolution 300 dpi max 1 MB)
2. 7 clinical photos of the patient
3. 3D scan

SIGNATURE ..... Purchaser

Stand 12-2017