

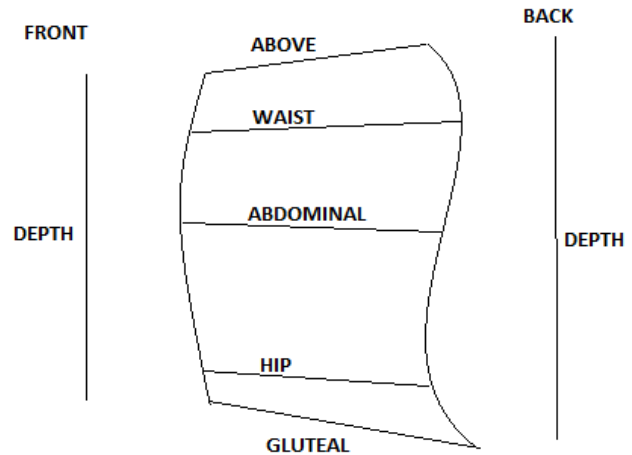


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HOSPITAL:
ORDER NO:
ORTHOTIST:
PATIENT NAME:
ADDRESS:

<b>MATERIAL</b>	
	WHITE COUTIL
	BEIGE COUTIL
	WHITE BROCADE
	AIRTEX
	CANVAS
	LINING
	WATERPROOF LINING
<b>ELASTICS</b>	
	V'S OR BOXES
	SIDE PANELS
<b>FASTENINGS</b>	
	VELCRO
	SLIDE BUCKLE
	CLIP AND SLIDE
	PRONG
	HOOK/EYE
	ZIP
<b>RIGID STEELS</b>	
	X2 STEELS
	X4 STEELS
	RECTANGULAR FRAME
<b>EXTRAS</b>	
	SUSPENDERS
	UNDERSTRAPS
	BACK PAD/BOTTLE PAD
	HERNIA PAD
	UNDERBELT
<b>SCHEDULES</b>	

ROUGH FITTING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<b>MEASUREMENTS</b>	
FRONT ABOVE WAIST	
FRONT BELOW WAIST	
FRONT TOTAL	
BACK ABOVE WAIST	
BACK BELOW WAIST	
BACK TOTAL	
<b>CIRCUMFERENCE</b>	
ABOVE WAIST	
WAIST	
ABDOMINAL	
HIP	
GLUTEAL	
<b>SPECIAL REQUESTS</b>	