

**Bill To:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ship To:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Practitioner:** \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

Height: \_\_\_\_\_  Left  Male  
 Weight: \_\_\_\_\_  Right  Female  
 Age: \_\_\_\_\_  Bilateral

**Order Date:** \_\_\_\_\_

**In-Office Request Date:** \_\_\_\_\_  am  pm

**OPS invoice / NG encounter:** \_\_\_\_\_

**HIP ORTHOSIS**

- Cast Modification
- Abduction Orthosis Unilateral
- Abduction Orthosis Bilateral
- HAHO
- Sitting Orthosis
- Scottish Rite

**ADDS**

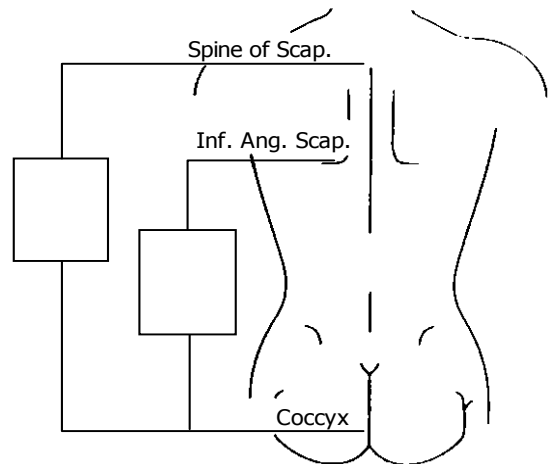
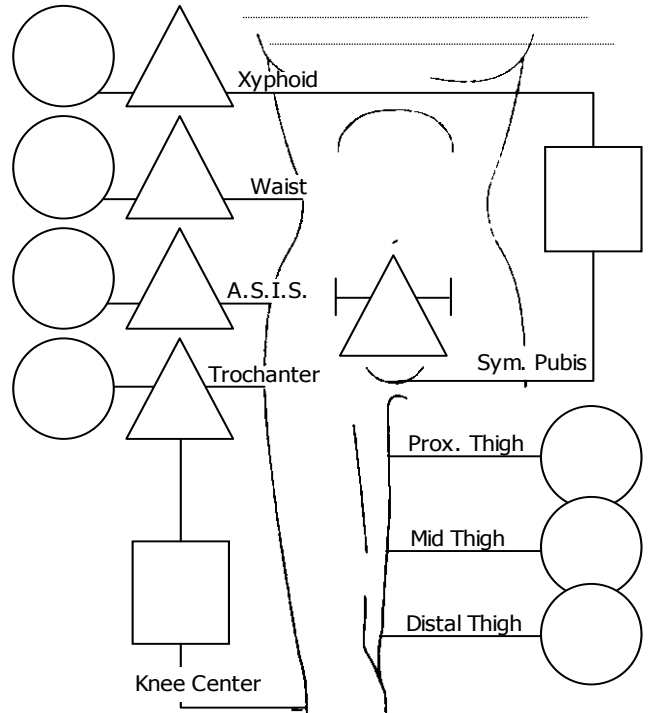
- Add Ball Retainer
- Add Liner
- Add Drop Lock
- Add Spreader Bar
- Add Straight Bar
- Add Reinforcement Panel
- Add Pelvic Band
- Add Growth Extension
- Add Dacron Reinforced Strap
- Add Leather Reinforced Strap
- Add Colored Plastic
- Add Decal Application

**HIP JOINTS**

- Fillauer Free Motion Adjustable Hip Joint ea.
- Lerman Hip Joint
- Thrustbearing Hip Joint
- Drop Lock Hip Joint ea.
- Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
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**For a HTLSO please use a  
 TLSO Order Form**