

BRACEWORKS CUSTOM ORTHOTICS INC.
 3500-24 Ave NW, Suite 1
 Calgary, Alberta Canada T2N 4V5

PECTUS-ORDERS@BRACEWORKS.CA
 403-240-9100 PHONE 403-217-4687 FAX

PHYSICIAN

FIRST NAME LAST NAME

ADDRESS

CITY PROVINCE/STATE POSTAL CODE/ZIP

PHONE EMAIL

PATIENT

FIRST NAME LAST NAME

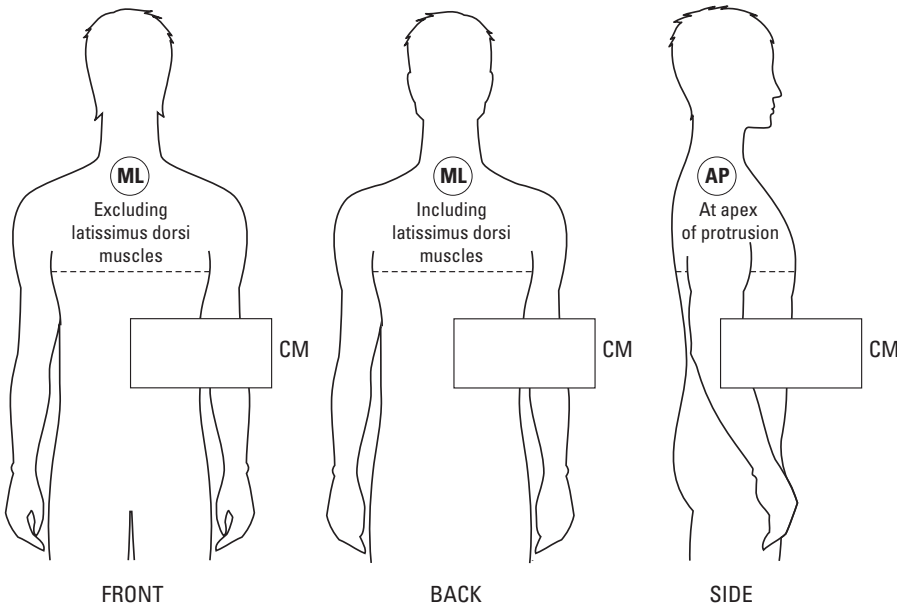
ADDRESS

CITY PROVINCE/STATE POSTAL CODE/ZIP

PHONE BIRTH DATE YYYY-MM-DD PERSONAL HEALTH NUMBER

MEASUREMENTS

MEDIAL / LATERAL AND ANTERIOR / POSTERIOR



1. T-LEVEL OF APEX OF PROTRUSION

- T-Level 7
- T-Level 8 (nipple line)
- T-Level 9
- T-Level 10 (xiphoid process)

2. LOCATION OF APEX OF PROTRUSION TO MIDLINE OF STERNUM

- Left
- Right
- Central

3. DISTANCE OF APEX OF PROTRUSION TO MIDLINE OF STERNUM

- 1.5 cm
- 2.0 cm
- 2.5 cm
- 3.0 cm
- NOT APPLICABLE (IF APEX IS CENTRAL)

4. CIRCUMFERENCE OF CHEST AT APEX OF PROTRUSION

CM

5. STIFFNESS OF CHEST WALL AT APEX OF PROTRUSION

- Hard
- Medium
- Soft

CONTACT BRACEWORKS WITH QUESTIONS BEFORE ORDERING Call 403-240-9100 or email pectus-orders@braceworks.ca

CONTACT INFO FOR PARENT/GUARDIAN – EMAIL ADDRESS FOR ESTIMATES, INVOICES, RECEIPTS ONLY

CONTACT 1

EMAIL

CONTACT 2

EMAIL

SHIPPING & ORDER INFO

- SHIP TO PHYSICIAN
- SHIP TO PATIENT

FAX ORDER

FAX THIS COMPLETED ORDER FORM ALONG WITH PRESCRIPTION TO 403-217-4687

ORDER DATE YYYY-MM-DD

FOR OFFICE USE ONLY

DATE OF VIRTUAL ASSESSMENT YYYY-MM-DD

DATE OF VIRTUAL FITTING YYYY-MM-DD

DATE OF SHIPMENT YYYY-MM-DD

ANTERIOR BAR SIZE