

**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

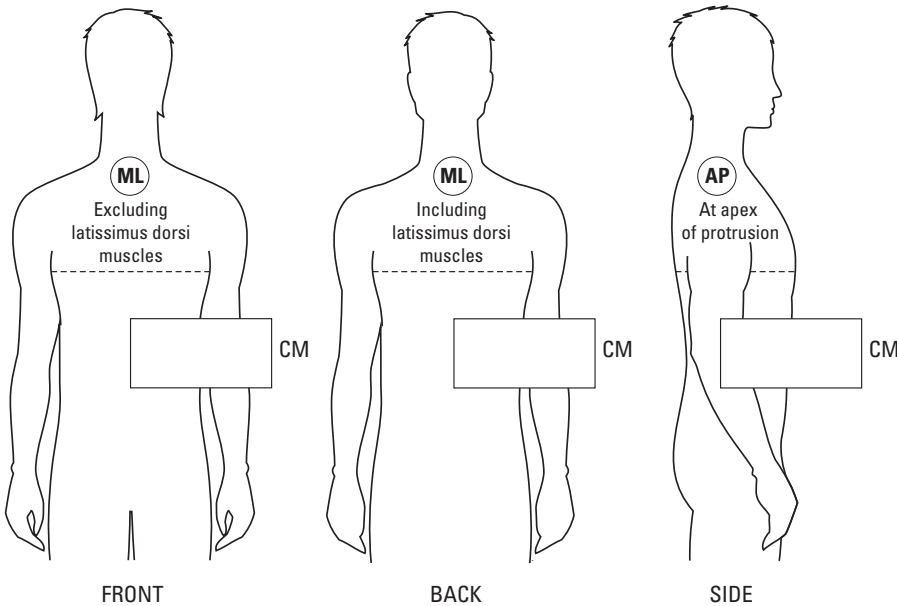
ADDRESS

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](mailto: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