



CLINIC DETAILS

Name	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Client ID	<input type="text"/>	Order Nr	<input type="text"/>

PATIENT DETAILS

NAME/ID

HEIGHT

WEIGHT

MALE FEMALE AGE

PRESCRIPTION DETAILS

3D PP THICKNESS	POSTERIOR THICKNESS	FINISHED PRODUCT
ADDITION		
3,5 MM <input type="checkbox"/>	NONE <input type="checkbox"/>	NO STRAPS <input type="checkbox"/>
4 MM <input type="checkbox"/>	1 MM <input type="checkbox"/>	STRAPS ON <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
4,5 MM <input type="checkbox"/>	1,5 MM <input type="checkbox"/>	STRAPS OFF <input type="checkbox"/>
5 MM <input type="checkbox"/>	2 MM <input type="checkbox"/>	

DIAGNOSTIC DETAILS

CURVATURE	SIDE	APEX	DEGREES
CERVICAL-THORACIC <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
THORACIC <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
THORACIC-LUMBAR <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
LUMBAR <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
KYPHOSIS <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
LORDOSIS <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

BRACE DETAILS

FINISH TO:	LSO	TLSO
WAIST TO PUBIS	<input type="text"/>	<input type="text"/>
WAIST TO XYPHOID	<input type="text"/>	<input type="text"/>
WAIST TO AXILLA	<input type="text"/>	<input type="text"/>
WAIST TO STERNAL NOTCH	<input type="text"/>	<input type="text"/>
WAIST TO INFERIOR ANGLE	<input type="text"/>	<input type="text"/>
WAIST TO SPINE OF SCAPULA	<input type="text"/>	<input type="text"/>
WAIST TO SEAT	<input type="text"/>	<input type="text"/>

NOTES:

MEASUREMENTS

(ALL MEASUREMENTS MUST BE PROVIDED IN CENTIMETERS)

Circ.

● Axilla

● Nipple Line

● Xyphoid

● Lower rib

● Waist

● Trochanter

● 3" Distal to perineum

● 3" Proximal to Knee Centre

M/L

Linear

— Sternal Notch

— Xyphoid Process

— Asis

— Symphysis Pubis

— Knee centre

Linear

Note: Thigh measures required only if a thigh cuff and hip hinge is to be added to the spinal jacket.

Abdominal Relief

Xyphoid

Line* Contour*

Pubis

*One measurement is a 'straight line' dimension, the other is a 'contour' dimension.

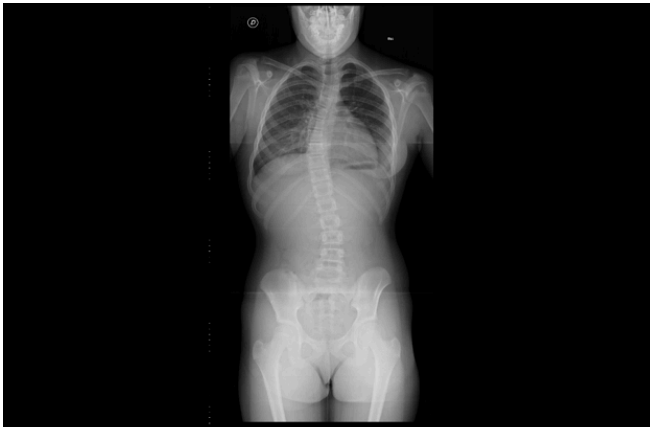
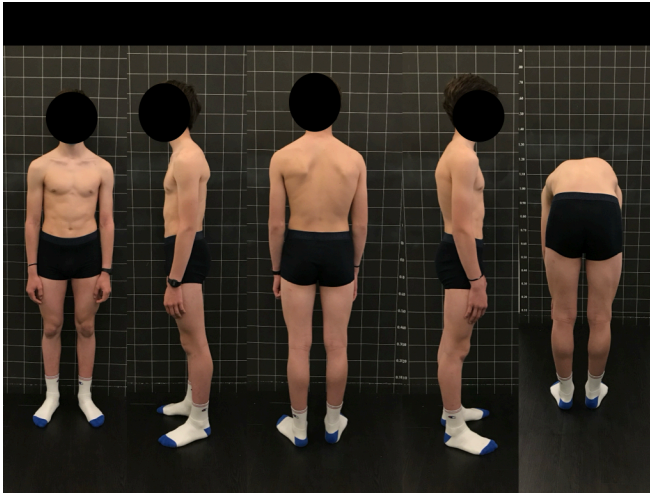
Opening

△ ASIS to ASIS Contour

△ ASIS to ASIS Straight Line

DATE PRACTITIONER SIGNATURE

PHOTO EXAMPLES



INFORMATION CHECKLIST

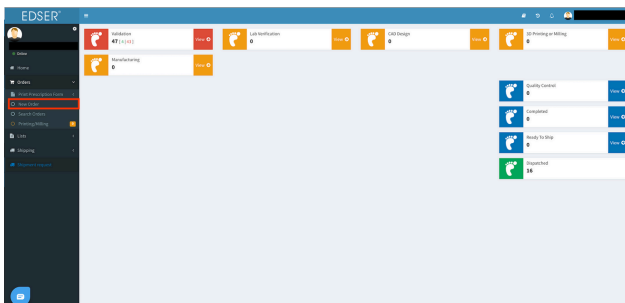
- PHOTO (ANTERIOR VIEW)
- PHOTO (LEFT SAGITAL VIEW)
- PHOTO (RIGHT SAGITAL VIEW)
- PHOTO (POSTERIOR VIEW)
- PHOTO (FORWARD BENDING TEST)
- X-RAY
- VIDEO (FORWARD BENDING TEST - POSTERIOR VIEW)
- SCANS (OBJ FORMAT) (ARMS RELAXED AT 45 DEGREES)
- SCANS (OBJ FORMAT) (ARMS OPENED AT 90 DEGREES)
- MEASUREMENTS
- CLINIC DETAILS
- PATIENT DETAILS
- PRESCRIPTION DETAILS
- DIAGNOSTIC DETAILS
- BRACE DETAILS

IMPORTANT

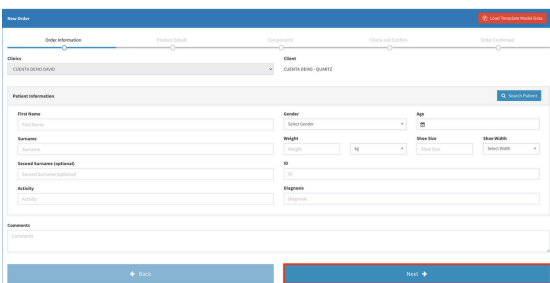
Ordering Process:

- Login to your account at app.edserlabs.com
- Create New Order

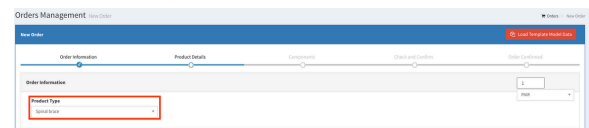
1. Open left menu on the front page and click **Orders>New Order**



2. Introduce the patient details and click **Next**



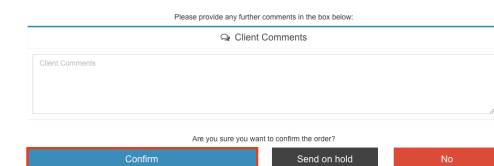
3. Select Product **Type>Spinal Brace**



4. Click Next until **Confirm Order** appears and confirm it.



5. Click **Confirm**



6. Click **Attach File** and attach the prescription sheet

