VERTILOK ORDER FORM

ORDER PLACED BY & BILLING

Date: _____

Practioner: _____

Bill to Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ P.O. # _____

SHIPPING

Date Needed: _____

Ship to Facility: _____

Address: _____

City: _____ State:____ Zip: _____

Ship via: Pri / Std / 2Day / 3Day / Grnd / Dash

PATIENT INFORMATION

Patient name: _____

Age _____ Gender _____ Height _____Weight____

Diagnosis: _____

Other: _____

PRODUCT INFORMATION

Size: xxsm / xsm / sm / med / lrg / xlg / xxlg / xxxlg

Lordosis: 0° / 5° / 10° / 15° / 25°

Anterior Panel: Neutral / Corpulent

Lateral Panel: Small / Medium / Large

Lateral Panel Config: slight / moderate / excessive

MULTIPLES

Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
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Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____
Size: ____ Lord:____ Ant:____ LP: ____ LCF:____

OPTIONS

PTE
STERNAL PAD KIT: SM / MED / LRG
DORSAL STRAP KIT
INFLATABLE LUMBAR CHAMBER
HIP SPIKA ATTACHMENT
THIGH CUFF: Prox:_____ Dist:_____ R / L

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