Hybrid Night Brace - Measurement Form

Allard UK

	Hybrid Night Brace Measurement Chart		P.O.#: Date: Delivery Date: Serial Number:

Customer: _____
Patient I.D.: _____
Age: _____ Height: _____ Sex: _____
Diagnosis: _____

Scoliosis Description:

Curvature:	Apex:	COBB-angle: (°)		Rotation:
Thoracic L ☐ R ☐	Thoracic: T- _____	Thoracic		Thoracic Scolio: _____
Lumbar L ☐ R ☐	Lumbar: L- _____	Lumbar		Lumbar Scolio: _____
Thoracolumbar L ☐ R ☐	Thoracolumbar: _____	Thoracolumbar		Thora/Lumbar Scolio: _____

Pads Position Board:

Stabilisation Pads:

	Column	Row
Axilla:		
Trochanter:		

Correctional Pads:

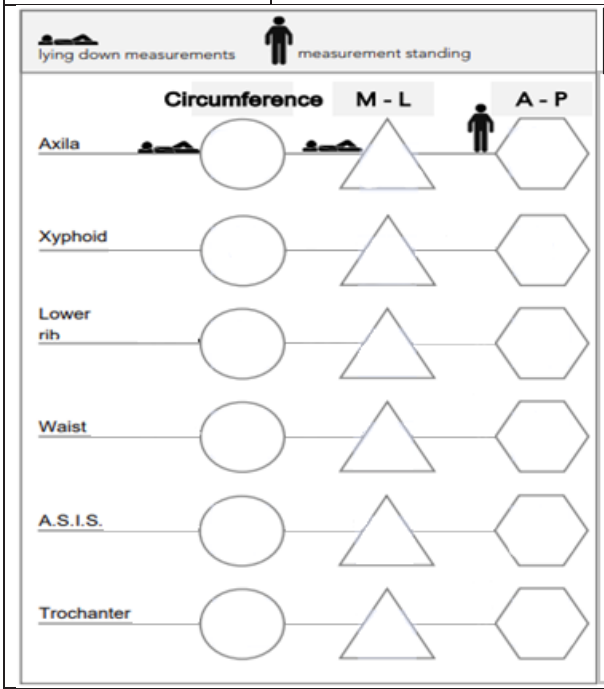
	Column	Row	Distance (mm)
Thoracic:			
Lumbar:			
Thoracolumbar:			

Brace Design:

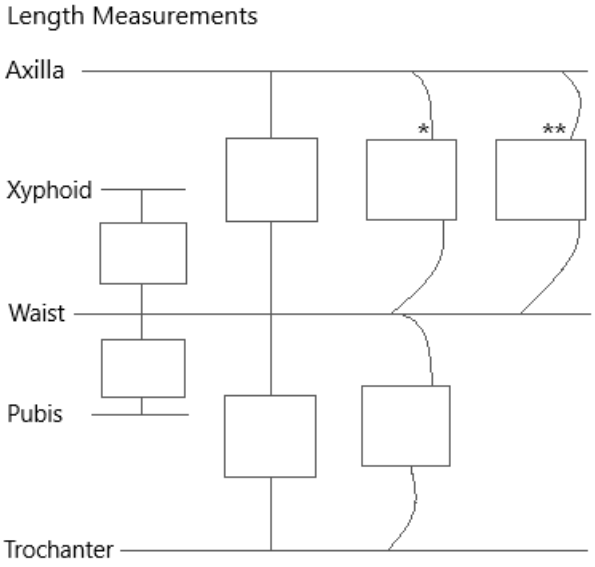
Trim Lines:
Type 1 ☐ Type 2 ☐
Type 3 ☐ Type 4 ☐

Transfer:
(1) _____
(2) _____
TWO TRANSFER OPTIONS MUST BE GIVEN

Remarks:



Overcorrection: Yes ☐ No ☐



Generated By:		Dimension Check Design Check Information Transcription Check
Checked By:		

Under Trochanter text :
*The patient's curvature length is measured from the primary curvature and along the side of the body in maximum bend.
**Please indicate the desired orthosis height here (this may deviate from the curvature length)

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