



# Atlantic Rim

BRACE MANUFACTURING CORP.  
25 B Progress Ave  
Nashua, New Hampshire 03062

To place an order:  
800.233.0356/TEL  
800.233.0357/FAX

# ORDER FORM APELLO

DATE REQUIRED \_\_\_\_\_

DATE \_\_\_\_\_ PO# \_\_\_\_\_ CONTACT \_\_\_\_\_ PRODUCTION # \_\_\_\_\_

BILL TO: ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIP TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Apello  
Cast  
Measurements  
CAD/CAM

**MATERIAL**  
LDPE  
Copolymer  
MPE  
High Density  
Foam 1/8"  
1/8" 5/32"  
3/16" 1/4"

**OPENING**  
Anterior  
Posterior  
Overlap  
Bivalve

**LINER**  
Unlined  
Lined  
1/8" 3/16" 1/4"

**PATIENT**  
Name \_\_\_\_\_  
\_\_\_\_\_  
Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_  
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
\* Bra Size \_\_\_\_\_  
  
LORDOSIS  
0° 15° 30° \_\_\_\_\_

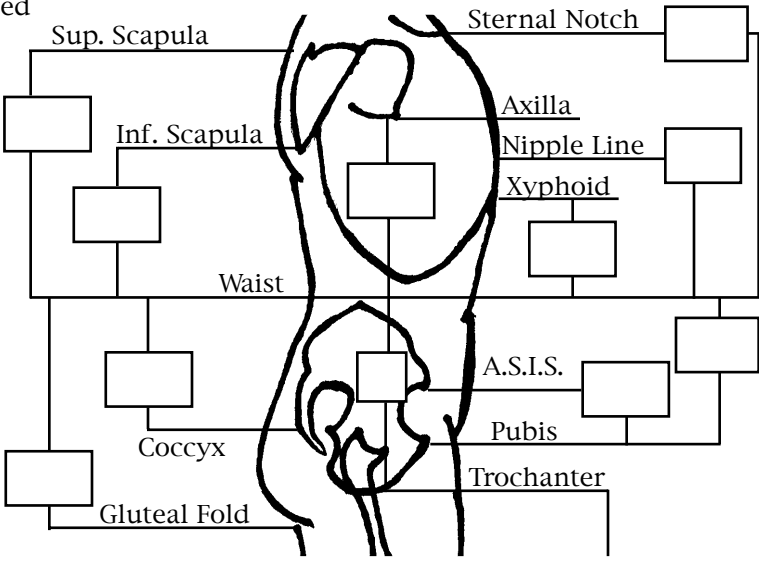
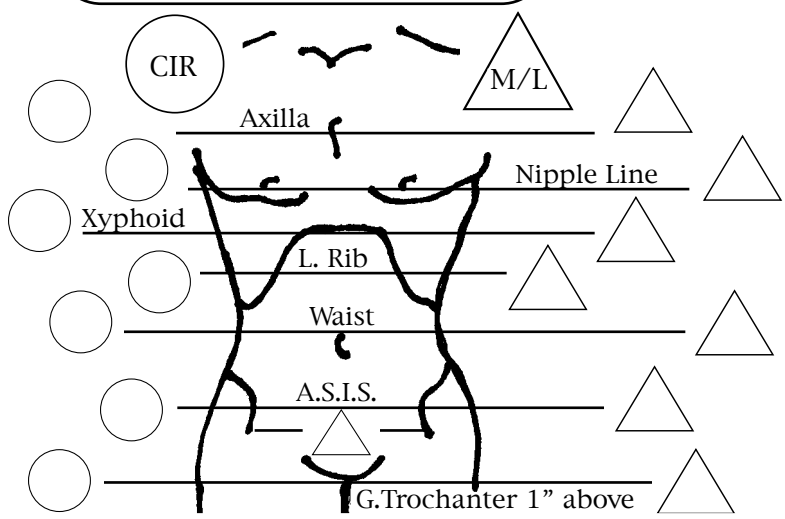
**UPS**  
Red  
Blue  
Orange  
Ground  
FED EX  
Priority 1  
Standard  
Economy  
Other

**MEASUREMENTS TAKEN**  
Standing Sitting \*\*Supine  
**STYLE**  
\*TLSO LSO  
\* Finished Unfinished  
Trimmed Strapped Ventilated

\* Include female measurements  
\*\* Lengths will be adjusted unless otherwise specified

Taken by \_\_\_\_\_ Time \_\_\_\_\_  
Mold # \_\_\_\_\_

Centimeters **LENGTHS** Inches



Curve Pattern:	Levels	Apex	Degrees
Thoracic: LT RT	_____	_____	_____
Thoracic: LT RT	_____	_____	_____
Lumbar: LT RT	_____	_____	_____

Measure Lateral Deviation from Midline ( LDM)  
Leftward ( - ) Rightward ( + )  
Center Vertebral bodies at each curve apex and at C7  
( or the most appropriate cervical level, if different)

