**Central Fabrication - TECHNICAL INSTRUCTION SHEET**

**Business Name:** **Order #:**

**Clinician:**

**Email:**  **Ph:**

**Patient Name:**       **H:**       **W:**       **Age:**       **Date Reqd:**

**Spinal Orthoses:**

Low spinal  High spinal  **Circumferences:** Chest       Waist       Hips

Brace Height:

Boston  5mm PE  Other Plastic       Thermofoam lining

Special Instructions:       ­

**Wrist Orthosis: Left / Right**

4mm PE  Copolymer  Other       Thickness      mm Colour

Thumb included  Dorsal opening  Other opening:

Foam lining  Specific location

Special Instructions:

**Elbow Orthosis: Left / Right / Bilateral**

4mm PE  5mm PE  Copolymer Thickness      mm Colour

Fixed  Hinged  Joint type       Medial / Lateral

Special Instructions:

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