

Order Form nBrace

Date _____

Company _____

Patient _____

Contact _____

Weight _____

Customer No. _____

Height _____

Tel/Fax _____

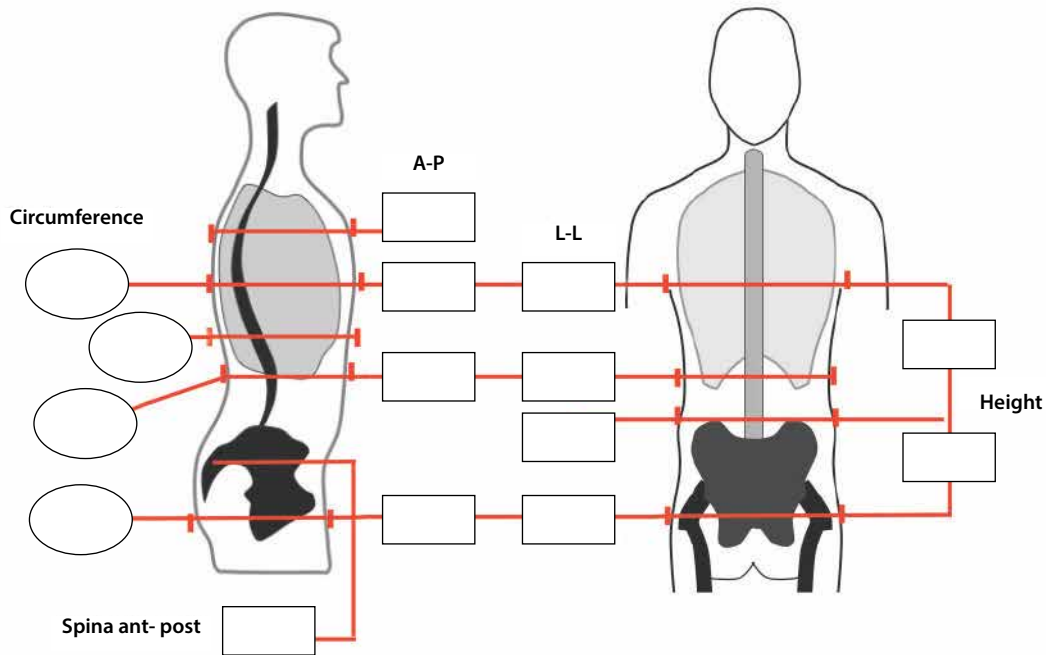
Date of birth _____

Email _____

Diagnose _____

Sex _____

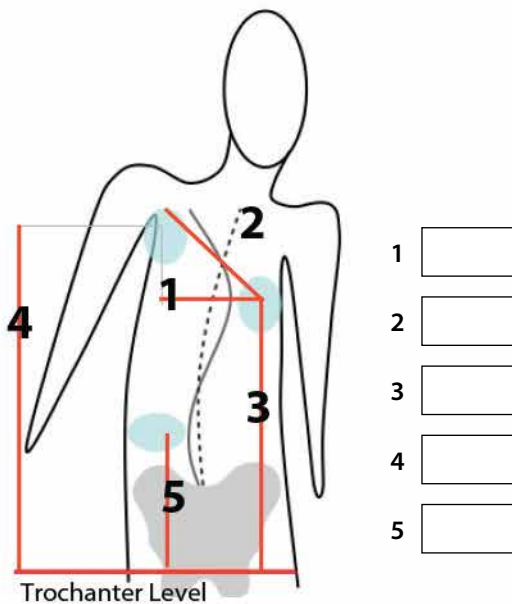
Model No. _____ Type _____ color _____



Cobb

Th L ThL

prev. braces menarche Risser



Comment

checked _____