modulate

Full Time Brace Order Form

Email Orders to: po@modulate.ca

Order Info

Customer Account #	Patient MRN (Medical Record #)	Ship To
PO #	Contact Name	
Contact Phone #	Contact Email	

Patient Info

Name	Sex	Age	Height	Weight	Data checklist refer to data requirements for details
	○ Male ○ Female		○ cm ○ in	○ kg ○ lbs	☐ Standing Scan — 360° scan with arms in T-pose ☐ Lying Down Scan — two-sided scan (supine / prone) ☐ Frontal X-ray — screenshot or .dcm ☐ LAT X-ray — screenshot or .dcm

Style of Brace

- ○ Boston type
- ○ Rigo-Cheneau type

Indication

- ○ Adolescent Idiopathic Scoliosis (AIS)
- ○ Other (specify): _____

Prescribing Physician

Name: _____

Clinic / Hospital: _____

Opening

- ○ Automated (default: **Anterior**)
- ○ Special request, indicate here:

Brace Color

- ○ Default: **Transparent**
- ○ Other, specify code:
  see color options on modulate.ca/palette

Straps Color

- ○ Default: **Black**
- ○ Other, specify code:
  see color options on modulate.ca/palette

Special Instructions or Requests
Let us know of any details that could affect brace design

Any question?

Send us a message or call us!

Phone: **+1.438.801.6448**

Email: **support@modulate.ca**