

Work Order - Spinal Carving by Measure

837 Sargent Ave, Winnipeg, MB, R3E 0C1

PO#

Patient ID

Please call 1-877-395-0081 with any questions.

Send completed form to:

Email: carvings@myrdalorthopedics.com

Fax: 204-775-2252

*Facility

*Ordered by

*Date

*Phone

Email

***Please complete in CM**

Gender

☐ Male ☐ Female

Bra size:

CIRC	ML	AP	
			Sternal Notch
			Axilla
			Nipple Level
			Xyphoid
			Waist
			ASIS
			Trochanter

Optional info to help choose Vorum library shape (not mandatory):

Library shape trochanter width:

☐ 300mm ☐ 400mm

Glutes:

☐ Sml ☐ Med ☐ Lrg

Abdomen:

☐ Sml ☐ Med ☐ Lrg ☐ XI

*MOT Inc. assumes no responsibility for incomplete or inaccurate information on this work order.

Any missing info or specifications required to complete a project may be populated by MOT Inc. at their discretion.

No refunds on custom fabricated devices, warranty applies to material defects only. Device fit is the responsibility of the clinician.