

837 Sargent Ave, Winnipeg, MB, R3E 0C1

Please call 1-877-395-0081 with any questions.  
Send completed form to:  
Email: [carvings@myrdalorthopedics.com](mailto:carvings@myrdalorthopedics.com)  
Fax: 204-775-2252

PO#

Patient ID

\*Facility

\*Ordered by

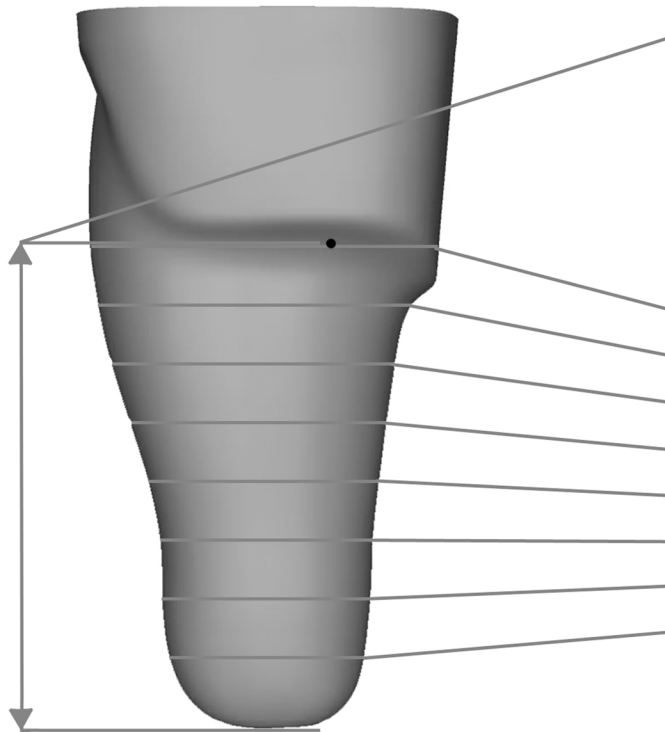
\*Date

\*Phone

Email

Affected Side: Left ☐ Right ☐**\*Please complete in CM**

Ischial Tuberosity to Distal End (Height)

**Circumferences:**\*Taken with 30mm spacing ☐\*Taken with 50mm spacing ☐

Circumference @ I.T. (#1)

Circumference #2

Circumference #3

Circumference #4

Circumference #5

Circumference #6

Circumference #7

Circumference #8

Circumference #9

Circumference #10

**Library shape:**Modified Quadrilateral ☐Ischial Containment ☐Regular Quadrilateral ☐Geriatric Quadrilateral ☐**Desired Reduction:**☐ None☐ Percentage (Relative)☐ Thickness in mm (Absolute)

\*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.