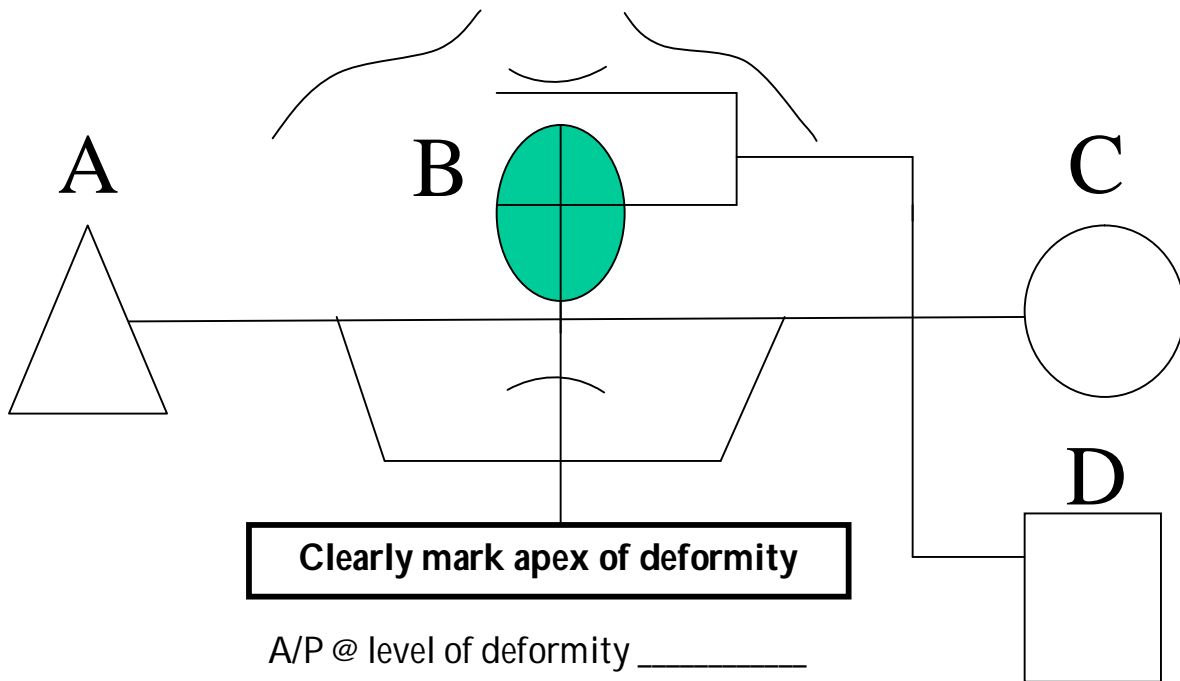


# WPC Compressor™ Orthometry Form



- A – M/L at level of deformity**
- B – Clearly mark deformity**
- C – Circumference at level of deformity**
- D – Distance from apex of deformity to sternal notch**

**Please be sure to mark the spine and inferior angle of the scapula. Plaster or fiberglass casts are acceptable. Seal or secure cast before shipping.**

Please provide silicone lining (circle) Yes or No

Shipping and Billing Information

Date: \_\_\_\_\_ P.O.# \_\_\_\_\_

Facility to be billed: \_\_\_\_\_ Contact: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Ship Via: \_\_\_\_\_ Ship Date: \_\_\_\_\_ Shipping Method: (Circle) Red Blue 3-day Ground

Patient information:

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*If you have any questions or need additional information, please contact Greg Bauer, CPO or Brian Whitacre O&P Technician at (888)552-2555*

**\*Please note upon arrival, estimated production is between 3 to 5 days.**