Florida Brace Corporation

Measurements For:

- ☐ **Jewett® J-35 Hyperextension**
- ☐ **Jewett® J-45 Contrafexion**
- ☐ **Jewett® J-55 Post-Fusion**
- ☐ **Jewett® J-59 Lovitt-Uhler**

Business Name:_____ Date:_____

Street Address: _____

City, State, Zip:_____ Phone: (_____)_____

Patient Identification:_____ Age:_____ Height:_____ Weight:_____ Sex:_____

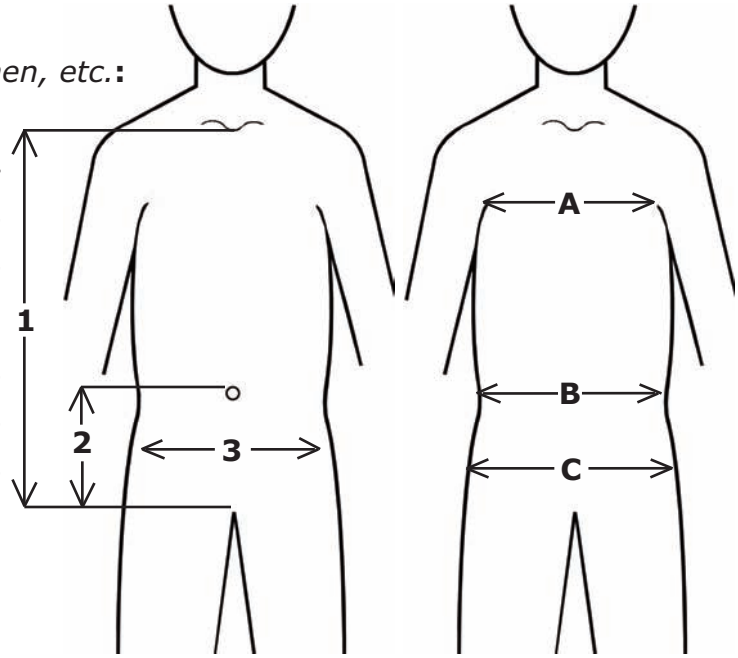
Measured by:_____ Date:_____

Caliper Measurements
Straight line without angles or bends for abdomen, etc.:

1. 2" below Sternal Notch to Symphisis Pubis ..... _____
2. Symphysis Pubis to Navel ..... _____
3. Width inside Iliac Spines ..... _____

Circumference Measurements at:

A. Axilla ..... _____
B. Waist ..... _____
C. Hip (J-45, J-55, J-59) ..... _____



Accessories:

☐Apron ☐Shoulder Straps ☐Outrigger

☐Cervical Attachments

Closure:

☐Metal Worm Gear ☐Plastic Worm Gear ☐Ratchet ☐Hook & Loop (Single Strap) ☐Hook & Loop (Double Strap)

Extra Padding:

☐Sternal ☐Lumbar ☐Pubic ☐Sides ☐All Pads

Orthotist Notes:

Fax this form along with an Order Form to:

Florida Brace Corporation
P.O. Box 1299
Winter Park, FL 32790
Fax: 407-644-4698
customerservice@flabrace.com

Most orders received by 5:00PM Eastern Time will ship the same day. However, same day shipments are not guaranteed.