

DIMENSION SHEET

TRIAC II

PLEASE FILL OUT THE DIMENSION SHEET COMPLETELY.
PLEASE SEND X-RAY AND A ANONYMOUS COPY OF PRESCRIPTION/RECIPE
BY FAX TO +49 70 22/70 51 13 OR E-MAIL TO INFO@SPORLASTIC.DE

INDICATION

_ Idiopathic Skoliosis up to 35° Cobb

Contra-indications:

_ Scoliosis' contour higher than TH 7

_ Scoliosis' contour TH 11/12, L 4/5

_ Paralysed-Scoliosis

PATIENT INFORMATION

Commission number*:

Age:

Body Size in cm:

Chest Circumference (Messure under breast) in cm:

Weight in kg:

Male

Female

Breast

Yes, Size of Cup: _____

No

First Care:

Yes

No

Cheneau

Boston

TRIAC II

Others: _____

* For reasons of data protection law, we kindly ask you not to send any personal data.
But to number the Commission.

DETAIL OF DIAGNOSES

(Cobb Angle, Hight of vertical Angle ...)

Thorakal right-convex**

Thorakal left-convex**

Lumbal right-convex**

Lumbal left-convex**

**Looking at patient dorsal

ADDRESS OF COMPANY

Enter company stamp or corresponding company details

Contact Person

Date