

# RGO ORTHOMETRY FORM

Today's Date: \_\_\_\_\_ Patient: \_\_\_\_\_

Facility: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Street: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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

Orthotist: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ PO Number: \_\_\_\_\_

## Pelvic Section

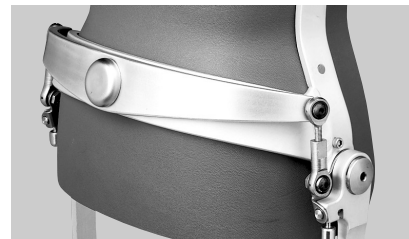
- |  |  |
|--|--|
| <input type="checkbox"/> <b>328</b> Iso-Metric Pelvic section only | <input type="checkbox"/> <b>329</b> Bio-Metric Pelvic section only |
| <input type="checkbox"/> <b>328-K</b> Iso-Metric RGO with KAFOs    | <input type="checkbox"/> <b>329-K</b> Bio-Metric RGO with KAFOs    |
| <input type="checkbox"/> <b>328-A</b> Iso-Metric with AFOs         | <input type="checkbox"/> <b>329-A</b> Bio-Metric with AFOs         |

Plastic (Kydex):  Ivory  Black  Beige  Gray  Blue

Liner:  White  Pink

Chest Straps:  White  Black  Beige  Rainbow

Options:  Padded Strap  Abdominal Strap  Extra Liner  Vacuum Formed TLSO



**ISO-Metric System**



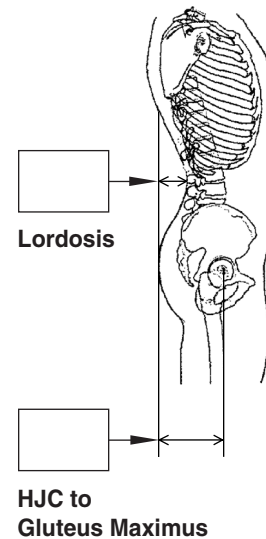
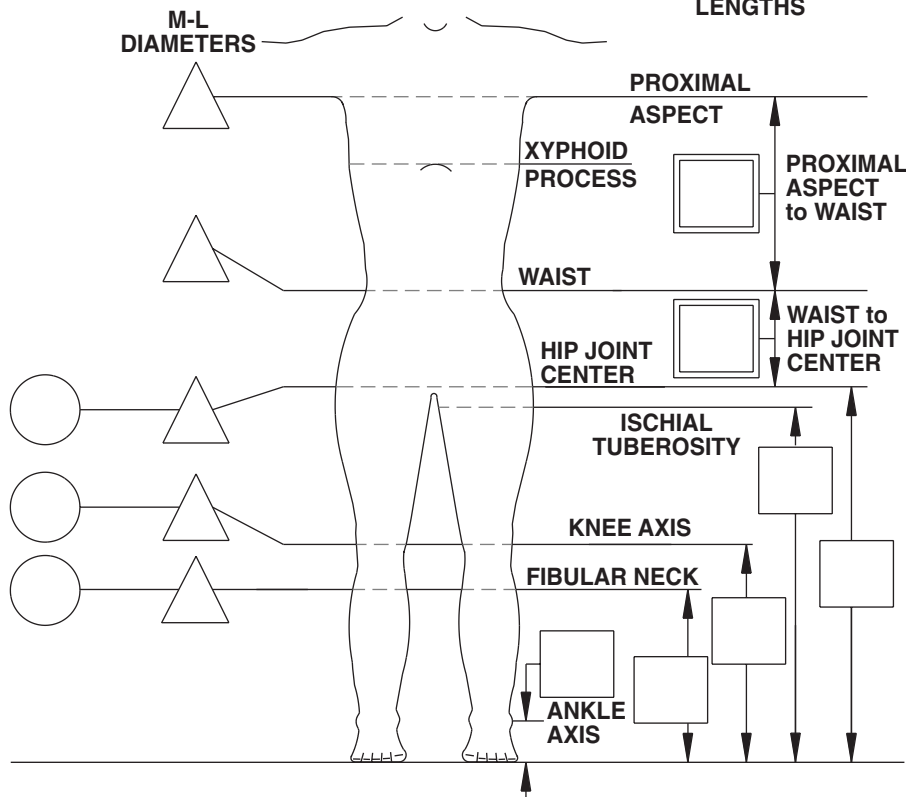
**BIO-Metric System**

## Please Complete Entire Orthometry Form For Best Fit

**MEASUREMENTS:**  Inches  Centimeters  Millimeters

**CIRCUMFERENCES**

**LENGTHS**



**Additional Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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