



CERTIFIED

ADAPTIVE INC.

Custom Dynamic RSO Order Form

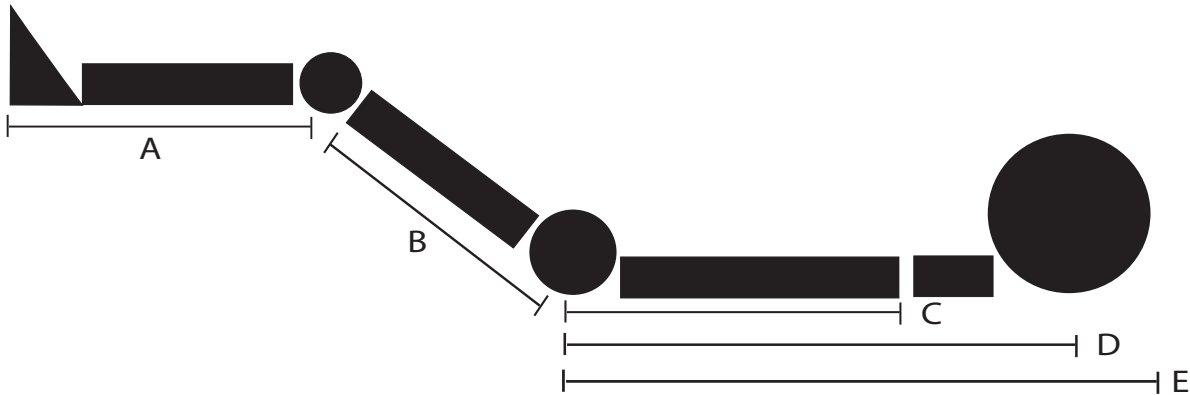
General/Account Information:

Date: _____ PO#: _____ Acct#: _____ Requested Delivery Date: _____
 Bill to: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____
 Ship to: _____
 Address: _____ City: _____ State: _____ Zip: _____

Client Information:

Patient Name: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____ ATP: _____
 Diagnoses: _____

Style: Rectangular Leg Block Triangular Leg Block Full Custom Molded



Client Measurements:

A. Length from heel to popliteal	_____ "	D. Length from buttock to top of shoulders	_____ "
B. Length from buttock to popliteal	_____ "	E. Length from buttock to top of head	_____ "
C. Length from buttock to axilla	_____ "	Hip Width - Flexed	_____ "
Torso Width	_____ "		

Custom Dynamic RSO Base Kit Includes the Following:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. (1) each Foam Base pad with Velcro compatible cover, Zipper and Carry Handles 2. (1) each Rectangular or triangular leg positioning block 3. (1) each removable Abductor control pad 4. (2) each Adductor control pads 5. (2) each plantar flexion control foot pads for Rectangular Leg block 6. (2) each 1/4" plastic side panels with pile Velcro top and bottom for straps | <ol style="list-style-type: none"> 7. (1) each Breathable Air-Mesh body interface mat 8. (2) each Equa-Gel pad 9. (4) each Velcro compatible wedge style torso positioning blocks 10. (3) each leg straps, one with Thigh Pad 11. (1) each Body positioning wedge, top portion with Velcro Compatible Cover 12. Head Rest Pad 13. Head Rest Wedge positioning pads |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Custom Dynamic RSO Order Form

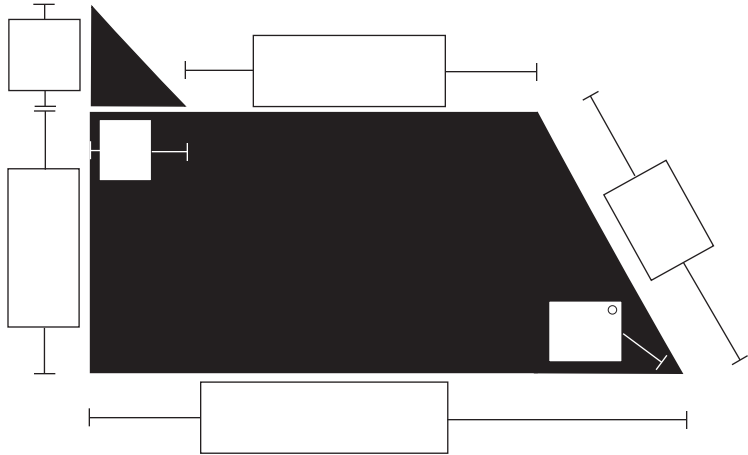
CERTIFIED

ADAPTIVE INC.

Patient Name: _____

Client Measurements:

SIDE VIEW RECTANGULAR



Torso Positioning Pads:

Quantity:

____ "X" ____ "X" ____ "

____ "X" ____ "X" ____ "

Foot Wedges

Equa-Gel Soft Spot

Air Spacer Mesh

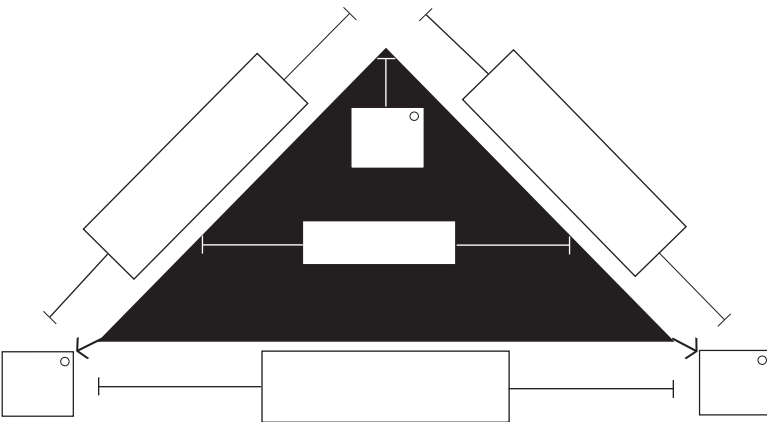
Foam Base Pad

____ "X" ____ "X" ____ "

Body Wedge

Leg Straps

SIDE VIEW TRIANGULAR



Headrest Pad

____ "X" ____ "X" ____ "

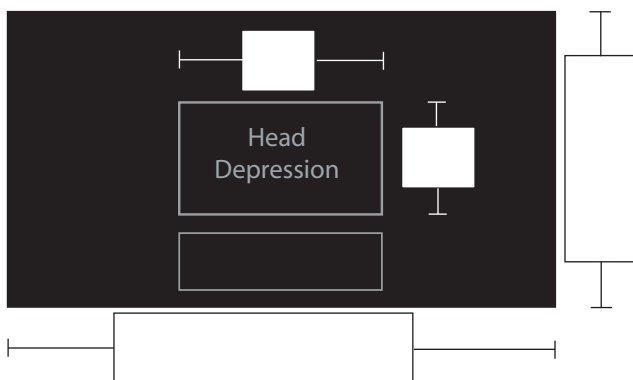
Headrest Positioning Wedges

____ "X" ____ "X" ____ "

Neck Roll

____ "X" ____ "X" ____ "

HEADREST PAD



FRONT VIEW

