

Scottish Rite Custom Order Form

Fillauer®

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Company _____

Practitioner _____

Account No. _____

Phone _____

Address Line 1 _____

Email _____

Address Line 2 _____

Patient ID _____

City, State, Zip _____

Purchase Order _____

Patient Information

Age _____

Weight _____

Sex _____

Height _____

A. Diameter and Circumference taken just below Crests

E. Distance from Center Hip Joint (CHJ) to Center Knee Joint (CKJ)

B. Right and Left Circumference taken 2 in. below Perineum

F. Distance 2 in. below Perineum (Prox. Circ. B) to 2 in. above Patella (Distal Circ. C)

C. Right and Left Circumference taken 2 in. above Patella

G. Distance from Perineum to Top of Condyle

D. Diameter at Trochanters

H. Abduction Angle

Type

- ☐ Scottish Rite Orthosis with Thrust Bearing Hip Joints, No Telescoping Bar
- ☐ Scottish Rite Orthosis with Thrust Bearing Hip Joints with Telescoping Bar
- ☐ Scottish Rite Orthosis with Telescoping Bar
- ☐ Scottish Rite Orthosis for Failed Total Hip Prosthesis or for Post-Surgical Use

Degree of Abduction

Right Side

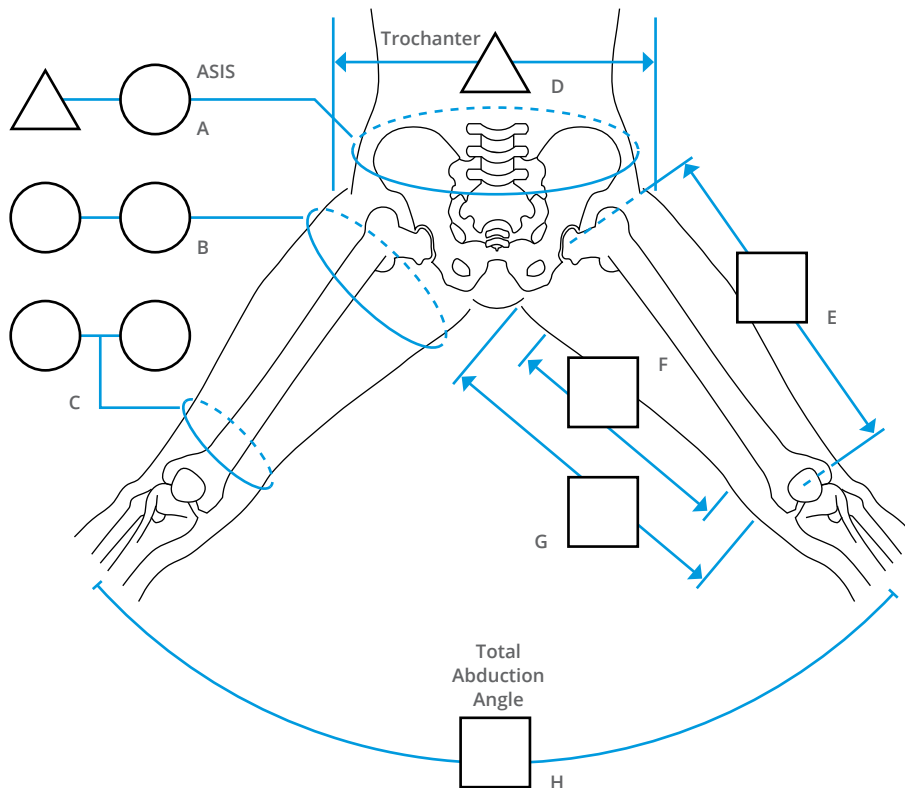
- ☐ 0° Abduction
- ☐ 10° Abduction
- ☐ 25° Abduction
- ☐ 35° Abduction
- ☐ Variable Abduction Hip Joint

Left Side

- ☐ 0° Abduction
- ☐ 10° Abduction
- ☐ 25° Abduction
- ☐ 35° Abduction
- ☐ Variable Abduction Hip Joint

Motion Control Plate

- ☐ Right, set at 0° Extension _____ ° Flexion
- ☐ Left, set at 0° Extension _____ ° Flexion



Notes _____