DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD Page 1 of 2

Horizon 639LSO

Fitter:	

Doctor:

Patient Name:

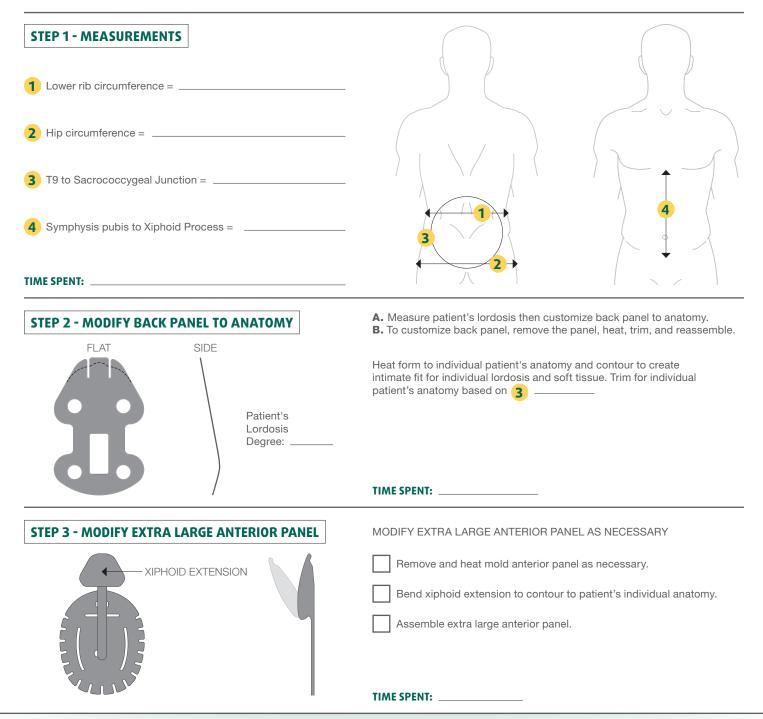
Patient #:

Date:

Additional Follow-Up Dates:

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

FOR USE WITH PRODUCTS MANUFACTURED BY ASPEN MEDICAL PRODUCTS ONLY. THIS PRODUCT IS INTENDED FOR APPLICATION BY HEALTH CARE PRACTITIONERS AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED MEDICAL AUTHORITY. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT, FOLLOW THE STEPS BELOW TO CUSTOMIZE.





Aspen Medical Products · Life Changing Innovation · aspenmp.com

DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD Page 2 of 2

Horizon... 639 LSO

Patient	Name:

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

Fitter:

Date:

Patient #:

Doctor:

Additional Follow-Up Dates:

Remove and heat mold **STEP 4 - MODIFY RIGID PANELS** anterior panel as necessary. MODIFY ANTERIOR AND LATERAL Remove and trim lateral panels PANELS AS NECESSARY. to accommodate small and extra small anatomy. TIME SPENT: SIZING IS CRITICAL FOR PROPER PERFORMANCE **STEP 5 - MODIFY SIZING AND TIGHTENING MECHANISM** Use the measurements below to customize to patient's anatomy. A. Use waist circumference (average of 1 and 2 to determine proper sizing. B. Once proper size is achieved, place belt hook on loop. C. Adjust length of tightening mechanism. For individual patient, it may be necessary to adjust length of closure string. Trim and adjust length of strings. YES. AMOUNT CUT NO Δ. TIME SPENT: ____ EDUCATE PATIENT **STEP 6 - EDUCATION** Proper education is needed to maintain proper fit throughout total time of wear. Items to educate patient on: Independent compression Proper angulation to ensure Proper cleaning circumferential contact mechanics Don and doffing Proper placement of brace Follow up appointments TIME SPENT: _ **CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE**

TOTAL TIME TO CUSTOMIZE BRACE: _

