DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD

Date:

HORIZON[®] PRO 631

Fitter:

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LSO

Patient Name:

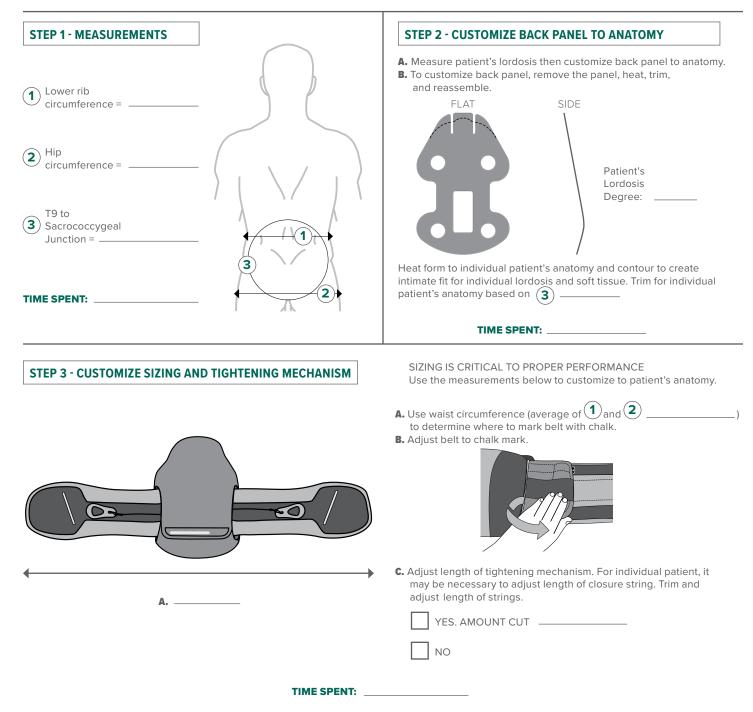
Additional Follow-Up Dates:

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.

Doctor:

Patient #:





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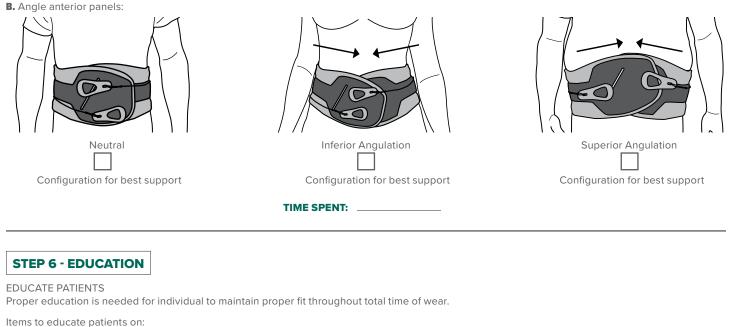
STEP 4 - MODIFY RIGID PANELS	Remove and trim to accommodate small and extra small anatomy.
MODIFY ANTERIOR PANEL AS NECESSARY	Remove and heat mold anterior panel as necessary.

STEP 5 - CUSTOMIZE BELT FIT

ANGLE ANTERIOR PANELS

Every patient has a unique individual anatomy. Determine angulation for proper fit. Circumferential contact at both upper and lower margins of brace is essential for proper brace performance and support.

A. Bend anterior panel to conform to patient's anatomy.



Don and doffing	Proper placement of brace	Follow up appointments
Independent compression mechanics	Proper angulation to ensure circumferential contact	Proper cleaning

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE:



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