



TRINITY CENTRAL FABRICATION

Enhance. Empower. Elevate.

Pectus Bracing System -Order Form

Facility Name: _____ Today's Date: ____/____/____

Clinician: _____ PO#: _____

Shipping Address: _____

City: _____

State: _____ Country: _____

Postal Code: _____

Phone: _____ Email: _____

Billing Address: _____

☐ Same as shipping City: _____

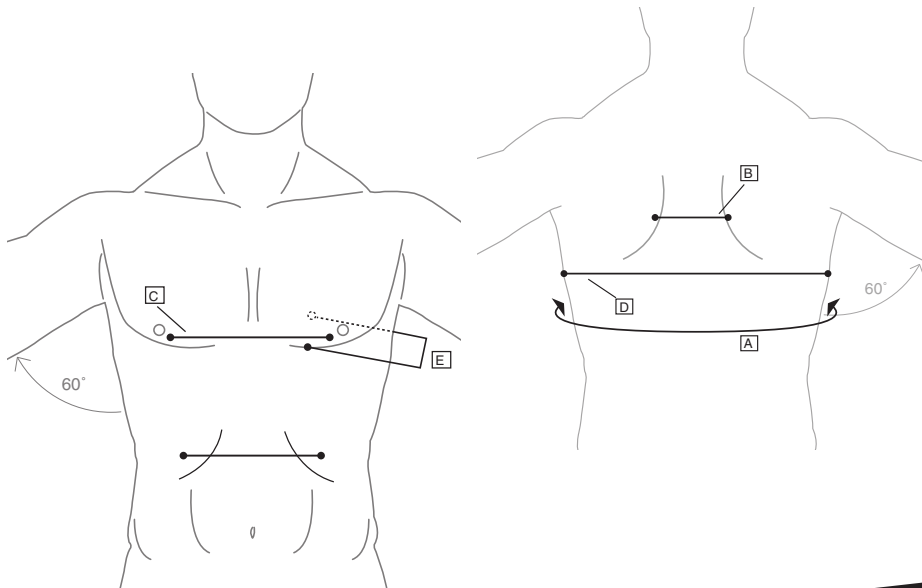
State: _____ Country: _____

Postal Code: _____

Patient Information

Patient's Name: _____ Age: _____ DOB: ____/____/____

Male/Female Height: _____ Weight: _____



Measurements

- Patient Standing - Arms Raised to Side 60°
- For Carinatum indicate Apex of defect with Bold Red Dot

A. _____ cm circumference at Apex level 'C' as shown

B. _____ cm Distance between lower 1/3 of scapula

C. _____ cm Intermammary distance with calipers
(for developed females measure the distance
between the medial border of the breasts)

D. _____ cm M/L measurement at apex of defect

E. _____ cm A/P measurement at apex of defect

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