## DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD Page 1 of 2

## VISTA. 631 LSO LoPro

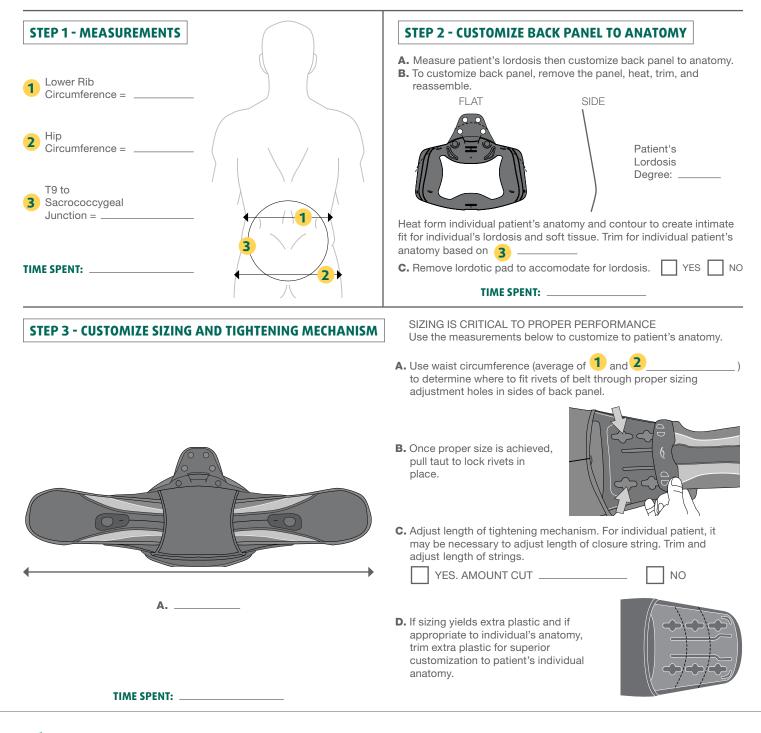
 Doctor:
 Fitter:

 Patient Name:
 Date:

 Patient #:
 Additional Follow-Up Dates:

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure

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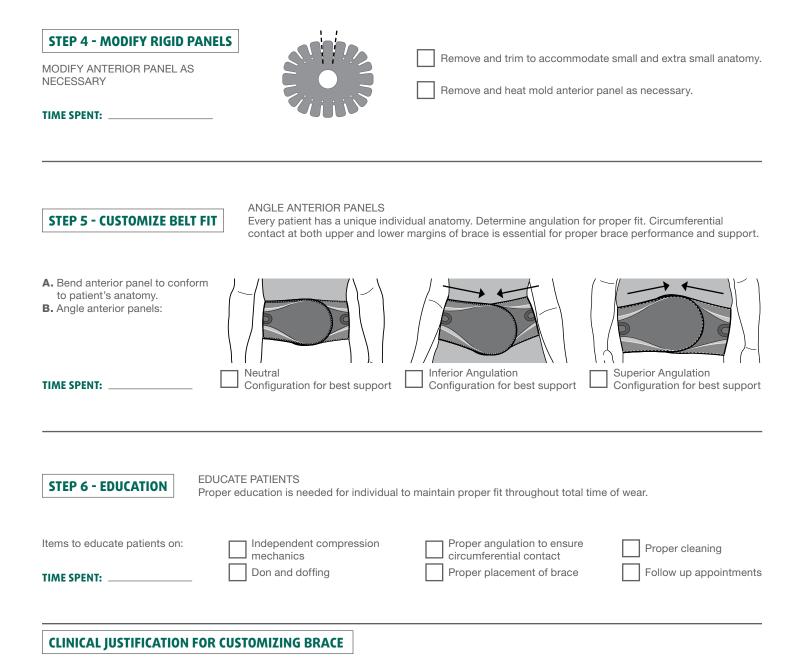
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## **VISTA**® **631** LSO I nPrn

## **DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD** Page 2 of 2

Doctor:	Fitter:
Patient Name:	Date:
Patient #:	Additional Follow-Up Dates:

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure



TOTAL TIME TO CUSTOMIZE BRACE:



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