



Scoliosis Patient Update - For brace received on: _____

Patient Name: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____

City: _____ State: _____

For girls: has the patient started her menses? Y / N If so, when? _____

For boys: has voice changed? Y / N If so, when? _____

Date of last X-ray: _____

Date of last appointment with prescribing doctor: _____

Date of NEXT appointment with prescribing doctor: _____

Brace wear time (hours/day) : _____

Note: It is critical to closely monitor the patient at 9, 12, and 15 months of wear so the brace is not too short for the patient. A short brace can have negative effects.

Image/Information Release

I hereby give Align Clinic, LLC consent to obtain and release information and to photograph my child's image to be used in the following ways:

- Communicate with other scoliosis professionals (ie: Dr. Rigo, Schroth PTs, referring physician/staff, and others)
- Submit to insurance companies to meet coverage criteria.

Signature of responsible party: _____ Date: _____

Printed Name: _____

Relationship to patient: _____