WCBL FABRICATION

In Lab Use	
Carve File	
Carve File	
Foam Blank	

In Lab Use	
PT#	
PO#	
Claim#	

To Submit: Save file to your computer. Email or fax to Contact info below.

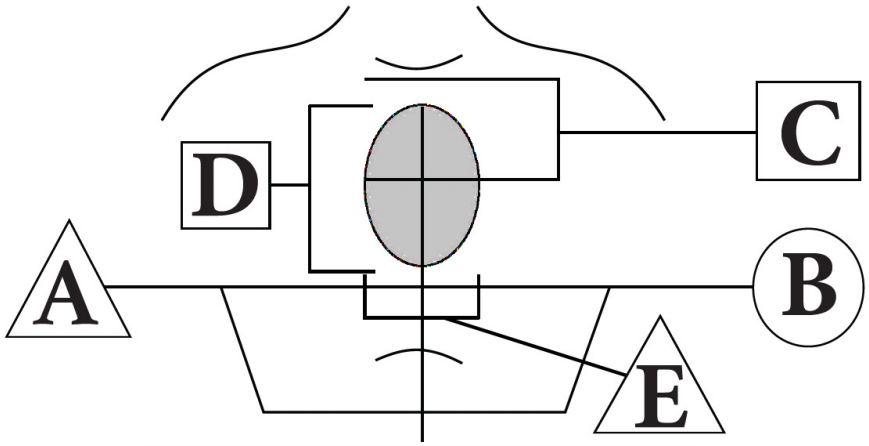
WPC COMPRESSOR FABRICATION FORM

Patient Name:				ID#:	PO#
☐ Male ☐ Female	Age:	Weight:	Height:	Due Date: / /	
Affected Side: Left ☐ Right ☐		Diagnosis:			
Company Name:			Contact Name:		
Shipping Address:			Phone:		
Billing Address: (if different)			Email:		
Shipping: ☐ Ground ☐ 3 Day Select ☐ 2nd Day Air ☐ 2nd Day Air AM ☐ Next Day Air Saver ☐ Next Day Air					

JOB SPECIFICATIONS

WPC COMPRESSOR TYPE			
☐ **WPC** Standard	☐ **WPC-RF** For Rib Flares	☐ **WPC 2:** Brace is used for deformity superior to the nipple line. **(Call if unsure)**	☐ **WPC 2 with Extension:** Brace for patients with significant breast development. (Call if unsure)
PADS: ☐ STANDARD	☐ GEL LINING	☐ SPINOUS PROCESS RELIEF	☐ CONTOURED ANTERIOR

Scan (.STL file), plaster or fiberglass casts are acceptable. Seal or secure cast before shipping.
Please be sure to mark the deformity, spine, and inferior angle of the scapula.



Clearly mark apex of deformity

PLEASE FILL OUT FORM COMPLETELY

A - M/L at level of deformity _____

B - Circumference at level of deformity _____

C - Distance from apex to deformity to sternal notch _____

D - Length of deformity _____

E - Width of deformity _____

F - A/P at level of deformity _____

G - Distance from mid-line (if Apex is off-centered I.e. 2cm Rt. Lateral) _____

Additional Instructions:

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

CLEAR FORM

CONTACT US
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SHIPPING ADDRESS
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