

## Patient Information & Shipping

Patient last name/ID	Age	Weight	<b>Shipping Provider</b> <input type="radio"/> UPS <input type="radio"/> FedEx <input type="radio"/> Other <input style="width: 50px; height: 15px;" type="text"/>
Patient first name	Height	Activity level <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High <small>If high, use one weight range higher</small>	<b>Service</b> <input type="radio"/> Ground <input type="radio"/> 2 Day Air <input type="radio"/> 3 Day Air <input type="radio"/> Overnight
<input type="radio"/> Male <input type="radio"/> Female <small>Diagnosis</small>	Date	PO#	Need by
Facility	Ship-to address		Billing address
Practitioner	City	State	City
Email	City	State	State
Phone	Fax	Zip	Country
		Country	Country

**A semi-weight bearing crush box or tracing is recommended for accuracy**

**Ankle flexion**

As casted (default)

90°

Other

**Forefoot**

As casted (default)

Neutral

Other

**Hindfoot**

As casted (default)

Subtalar neutral

Other

Left    Right

(For bilateral, use two forms AND use one weight range higher)

Cast    Scan

(Tracings are recommended for cast orders)

**Options**

Toe Filler\*

Dacron Strap\*

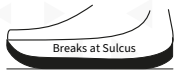



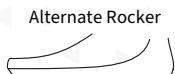
\*items marked with an \* will incur additional charges.

**Ulcer Issues**

Yes    No

If yes, please explain:

**Rocker Options**

<input type="checkbox"/>	Sulcus Rocker (Standard)	
<input type="checkbox"/>	FullRocker	
<input type="checkbox"/>	Mid Stance Rocker	
<input type="checkbox"/>	Metatarsal Rocker	
<input type="checkbox"/>	Alternate Rocker	
	Please Illustrate:	



**Evenup Contralateral height compensation**

(added cost, slip-on, over the shoe sandal, with two each 1/2" build-up filler insoles)

Enter shoe size to order

**Copolymer color**

Black

Natural (default)

**Posterior Color**

Black

Blue

Pink

Camo

**Anterior Color**

Black

Blue

Pink

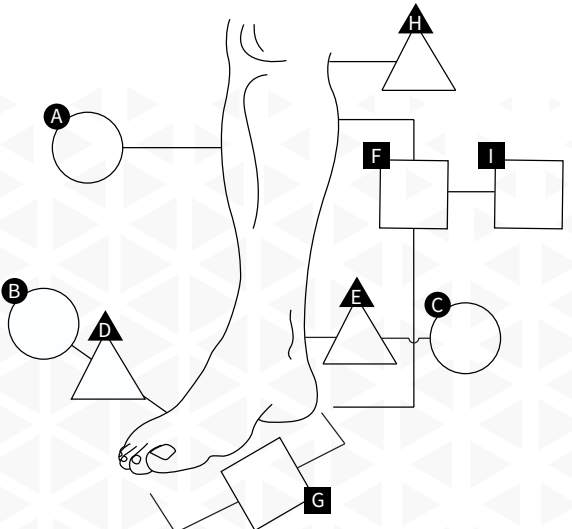
Green

**Rocker Color**

Black

White


<p><b>Circumferences</b></p> <p><b>A</b> Calf</p> <p><b>B</b> Forefoot</p> <p><b>C</b> Ankle</p>	<p><b>Lengths</b></p> <p><b>F</b> Brace Height</p> <p><b>G</b> Foot Length</p> <p><b>I</b> Patella Tendon to Floor</p>	<p><b>Diameter</b></p> <p><b>H</b> Forefoot ML</p> <p><b>E</b> Ankle ML</p> <p><b>A</b> Knee ML</p>
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Foot weight bearing during measurement?  Yes    No

**Mark ulcer/amputation sites**

(draw in Adobe Acrobat: select Comment, Drawing Markups, Draw Free Form)



**Foot tracing recommended**



**shark-o® 2**



**Reference Only**

**How to submit your completed order form:**

**Option 1: Website**  
Upload form at [www.orthomerica.com/scan](http://www.orthomerica.com/scan) or scan the QR Code



**Option 2: Fax** - Fax form to **877-737-8445**

**Option 3: Mail** - Ship form (NOT scan) with your negative cast to: **Orthomerica Products, Inc.**  
6333 North Orange Blossom Trl, Orlando, FL 32810

Remarks

**For customer service, please contact:**  
 Phone: (877) 737-8444  
 Email: [CTC\\_LE@orthomerica.com](mailto:CTC_LE@orthomerica.com)