CTM - Pediatric Femur Fracture Orthosis Order Form

Patient Information & Shipping

Patient last name/ID

Age

Weight

Height

Patient first name

◯ Male ◯ Female

Diagnosis

Facility

Date

PO#

Practitioner

Ship-to address

Billing address

Email

City

State

City

State

Phone

Fax

Zip

Country

Zip

Country

Shipping Provider

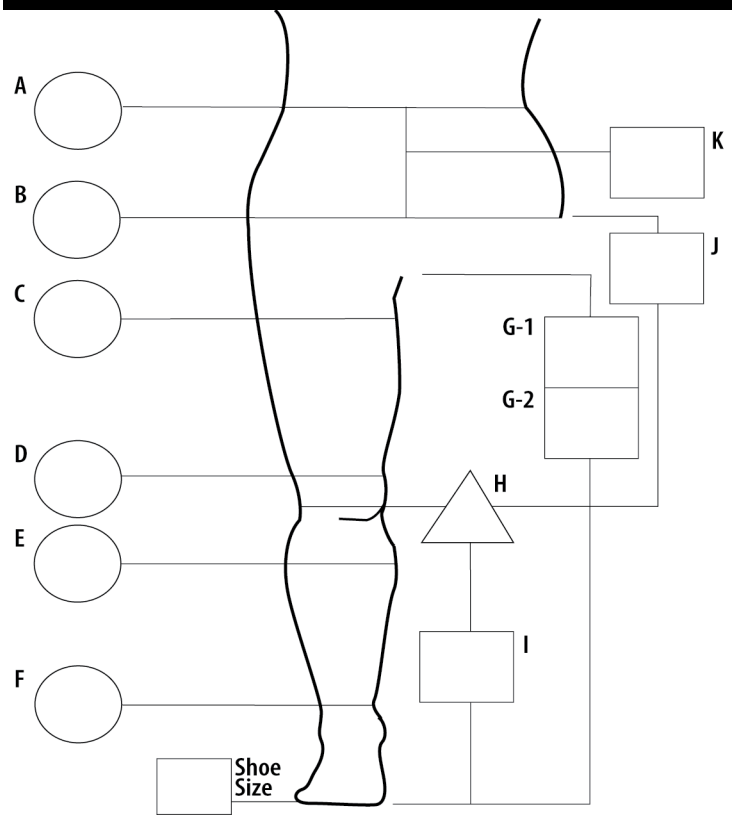
◯ UPS, ◯ FedEx, ◯ Other

Service

◯ Ground ◯ 2 day air ◯ 3 day air ◯ Overnight

Need by

Order Details



A = Waist Circumference
B = Hip Circumference
C = Proximal Thigh Circ.
D = Distal Thigh Circ.
E = Largest Calf Circ.
F = (Just above) Ankle Circ.

G = Length, Perineum to Floor
.1 Anatomical
.2 Actual Medial Brace
H = Caliper Meas., Knee Center (M/L)
I = Length, Knee Center to Floor
J = Length, Trochanter to Knee Center
K = Waist to Trochanter

STYLE

◉ HKAFO

◯ Left ◯ Right

PELVIC SECTION

◉ **Newport® Jr.**

◯ X-Small
◯ Small
◯ Medium
◯ Large
◯ X-Large

HIP JOINTS

◉ Virtual® Pediatric Joint (PJ)

THIGH COMPONENTS

◯ Ischial ◯ NSNA

KNEE FLEXION

◯ 55° (Default) ◯ 35°

◯ Other
(additional fab. time required)

SHOE INSERTS

◯ Free Motion
◯ Solid Ankle

LINER - THIGH/TIBIA*

Aliplast (◯ 1/8" ◯ 3/16" ◯ 1/4")
◯ CoolFoam®

*** Incurs upgrade charge**

SIZING TABLE

Pelvic Size	Waist Circ.	Hip Circ.	Mid Thigh Circ.	Trochanter to Knee Center Length	pj Joint Distal Bar Size
X-Small	17 7/8-19"	18-20"	9 7/8-10 7/8"	7 1/4-8 1/2"	Ex-short
Small	18 3/4-20 1/4"	20-22"	10 5/8-12 3/16"	8 1/8-10 1/8"	Short
Medium	20-22"	22-25"	11 3/16-13 3/4"	9 1/2-11 7/8"	Short
Large	21 3/4-23 3/4"	25-27"	12 3/4-15 3/16"	11 1/2-14"	Long
X-Large	23 1/2-25 1/2"	27-30"	14-16 7/8"	13 7/8-16 3/8"	Long

How to submit your completed order form:

Option 1: Website
Upload form at **www.orthomerica.com/scan** or scan the QR Code

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

Option 3: Email - Email form to CTC_LE@orthomerica.com

For customer service, please contact:
Phone: (877) 737-8444
Email: CTC_LE@orthomerica.com

Remarks

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