ORTHOMER CA OWLS WHO ** & shark-o

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone (877) 737-8444 • fax (877) 737-8445

			(i [1	f weight is 220 lbs. 100 kg] or more, ankle	Shipping Provid	er
Patient last name/ID		Age	m	hust be reinforced at dded cost)	UPS, FedE	
			Activity level	Edema present?	Service	
Patient first name		Height	Low	None	Ground, 2	day air, 3 day air,
Male,			Medium High	Light Medium	Overnight	
Female Diagnosis			High If high, use one weight range higher.	Heavy		
Facility		Date	P0#		Need by	
Practitioner		Ship-to addr	ess		Billing address	
Email		City		State	City	State
Phone	Fax	Zip	Country	/	Zip	Country
Left, Right		C				
Left, Right (If bilateral use two forms						
For bilateral CLAW, use one weight range higher)						
Cast, Scan	52	SQ.				CLAW™
(Tracings are recommended		-	4	-F		Carbon Laminate Alignment Walker (available on all WHO and shark-o
for cast orders)	shark-o (charcot orthosis) (WHO Heel cutout relief)	(cutout relief)	WHO Midfoot (full foot bed)	(partial foot)	models, added cost, patten bottom, common HCPCS code L-2370)
Ankle flexion	Liner				rt level, use one weight range higher. ap required (to keep brace from flaring).	
As casted (default)	Black (default	Measu	ırements			Imferences Lengths
90°	White	/	cipated CLAW alignn	nent more	🙆 Ca	alf 🛛 🖪 Brace Height
Other	Copolymer		0 degrees, how mu		G Ar	orefoot G Foot Length nkle
other	¹ /4" (default)		($(\)$	Diam	
	³ /16")	(Ar Ar	prefoot ML hkle ML
Forefoot	Copolymer color			\ }	Mark	ulcer/amputation sites
As casted (default)	Black (default			\ / ₽	(draw	in Adobe Acrobat: select Comment,
Neutral	Natural	-			Drawir	ng Markups, Draw Free Form)
Other	Pattern transfer		Ì	,	\top	ay (20)
		6	<u> </u>			
Hindfoot	(added cost, over nat					
As casted (default)	plastic only, available on www.orthomerica	patterns .com)	$\gamma $	$\langle \backslash \bigtriangleup \rangle$		
Subtalar neutral	Carbon ankle			<u> </u>		
Other	reinforcements		kio -	$ \langle \rangle $		
	Select to add reinforcement	5	eet -			
Evenup contralateral	(added cost, requi weight 220 lbs. or	<i>red</i> if nt		G		$\bigcirc \bigcirc$
height compensation	or if CLAW is orde		veight bearing during	g measurement?	Yes, No	Foot tracing recommended
(added cost, slip-on, over the shoe sandal, with two each ½" build-up filler insoles)						
/2 Dunia-up Inter InSoleS/						
Enter shoe size to order	R I					
			1			Pomarka

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Remarks