

Patient Information & Shipping

Patient last name/ID	Age	Weight	(if weight is 220 lbs. [100 kg] or more, ankle must be reinforced at added cost)
Patient first name	Height	Activity level	Edema present?
<input type="radio"/> Male		<input type="radio"/> Low	<input type="radio"/> None
<input type="radio"/> Female	Diagnosis	<input type="radio"/> Medium	<input type="radio"/> Light
		<input type="radio"/> High	<input type="radio"/> Medium
		If high, use one weight range higher	
Facility	Date	PO#	Need by
Practitioner	Ship-to address		Billing address
Email	City	State	City
Phone	Fax	Zip	Country

Shipping Provider

UPS FedEx Other

Service

Ground 2 Day Air 3 Day Air

Overnight

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

Reinforcement*

Toe Filler*


Dacron Strap*

*items marked with an * will incur additional charges.

Ulcer Issues

Yes No

If yes, please explain:



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

Transfer Pattern

(added cost, over natural plastic, available patterns on www.orthomerica.com)

Circumferences

A Calf

B Forefoot

C Ankle

Lengths

F Brace Height

G Foot Length

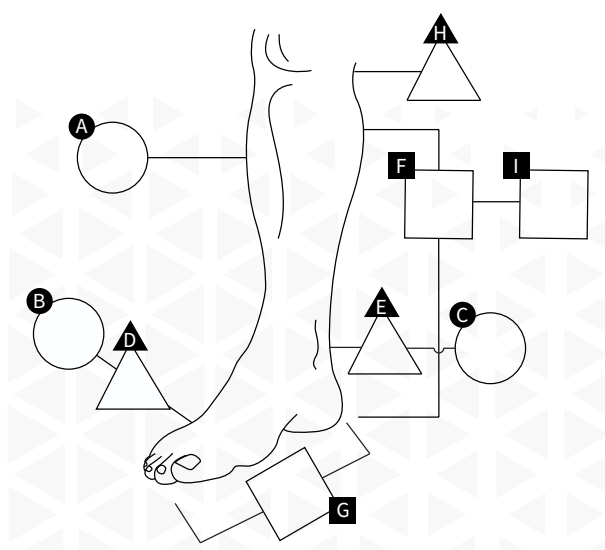
I Patella Tendon to Floor

Diameter

▲ Forefoot ML

▲ Ankle ML


▲ Knee ML



Foot weight bearing during measurement? Yes No

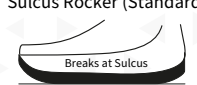
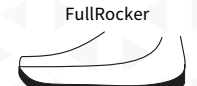

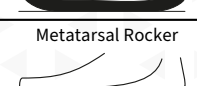
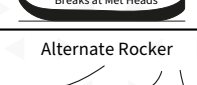
Mark ulcer/amputation sites

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




Foot tracing recommended

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:	

Transfer Pattern & Colors

CLICK OR SCAN



Liner

Black (default)

White

Copolymer color


Black (default)

Natural



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: 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