

Date _____

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| | | | |
|---------------------------|---------------------------------------|-----------------|---------|
| PATIENT INFO (PHI) | Last Name / ID _____ First Name _____ | | Remarks |
| | Gender _____ | | |
| | Male _____ | Age _____ | |
| | Female _____ | Height _____ | |
| Weight _____ | | Diagnosis _____ | |

| | | | | |
|-----------------------------|-----------------------|-----------------|------------------------|-----------------|
| SHIPPING INFORMATION | Practitioner _____ | Phone/Fax _____ | Shipping Company _____ | Service _____ |
| | Facility _____ | PO Number _____ | UPS _____ | Ground _____ |
| | Ship to Address _____ | City _____ | FedEx _____ | 2 Day Air _____ |
| | City _____ | State _____ | Other: _____ | Overnight _____ |
| Bill to Address _____ | | Need by _____ | | |
| City _____ | | State _____ | | |
| Zip _____ | | Zip _____ | | |

Shape Acquisition Via: **Cast** **Scan** Affected Side: **Left** **Right** **Bilateral**

Dorsal Opening **Bivalved Opening**

Inner Plastic

- FIRM-Heat Adjustable Default
- Proflex Additional Charge
- Co-Polymer
- Poly Pro

Outer Foam Skin Color

- Black _____
- White _____
- Additional Padding. Instructions: _____

Straps

- Per Picture Default
- Dacron Reinforced Straps Additional Charge

Strap Color

- White Default
- Color: _____

Inner Liner Color

Transfer: _____

