

PATIENT INFO (PHI)	Patient ID (REQUIRED) _____	PRACTITIONER INFO	Practitioner Name _____
	Date of Birth (REQUIRED) _____ Corrected Age in Months _____		Practitioner Email _____
	Date of Scan/Cast (REQUIRED) _____		Phone _____ Fax _____

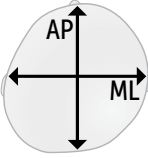
SCAN	Make/Model of Scanner _____	CAST	TYPE OF MODEL SENT	
	Case ID (SMARTSOC® ONLY) _____		Unmodified Cast Impression _____ Positive Modified Mold _____	Modified Cast Impression _____ Positive Unmodified Mold _____

SHIPPING INFORMATION	PO Number _____	CARRIER	SERVICE	
	Facility _____	UPS _____	2 Day Air _____	
	Ship to Address _____	FedEx _____	Overnight _____	Need by Date _____
	City _____ State _____ Zip _____	Other _____	Other _____	
	Bill to Address _____	City _____	State _____	Zip _____

Orders will be shipped 5 days after the Order Date if the order was placed before 12 p.m. Eastern Time • Cranial Remolding Orthoses must be fit within 14 days of scanning/casting to ensure effective fit and function.

The scan/cast and the order information must meet quality control standards as defined by Orthomerica protocol prior to beginning fabrication. Practitioners will be contacted regarding issues with the scan/cast, measurements, or paperwork.

PATIENT DATA

<p>Hand Measurements of Baby's Head Over Stockinette</p>  <p>Head Circumference (above eyebrows and ears) _____</p> <p>Caliper Measurement of Width (ML) _____</p> <p>Caliper Measurement of Length (AP) _____</p>	<p>NOTE: Take each measurement three times to ensure accuracy. Inaccurate measurements may cause your scan/cast to be rejected. Follow the measurement techniques in the Practitioner Instructions to ensure that measurements are consistent and will match Orthomerica's measurements.</p>	<p style="text-align: center;">FOR MODIFIED MOLDS ONLY</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px dashed gray;">POSITIVE UNMODIFIED</td> <td style="width: 50%; text-align: center;">POSITIVE MODIFIED</td> </tr> <tr> <td style="border-right: 1px dashed gray;">_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px dashed gray;">_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px dashed gray;">_____</td> <td>_____</td> </tr> </table>	POSITIVE UNMODIFIED	POSITIVE MODIFIED	_____	_____	_____	_____	_____	_____
POSITIVE UNMODIFIED	POSITIVE MODIFIED									
_____	_____									
_____	_____									
_____	_____									

Flattening Check boxes that apply to the head shape (> = Greater than)

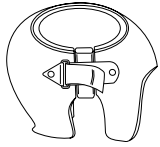
OCCIPITAL AREA	PARIETAL AREA	FRONTAL AREA	EAR ALIGNMENT
Right Flattening > Left	Right Flattening > Left	Right Flattening > Left	Right Anterior Shift
Left Flattening > Right	Left Flattening > Right	Left Flattening > Right	Left Anterior Shift
Bi-lateral Flattening	Bi-lateral Flattening	Bi-lateral Flattening	No Ear Shift
N/A	N/A	N/A	N/A

<p>Diagnosis</p> <p>POSITIONAL</p> <ul style="list-style-type: none"> Plagiocephaly Brachycephaly Asymmetrical Brachycephaly (Combo) Scaphocephaly Asymmetrical Scaphocephaly <p>TORTICOLLIS</p> <ul style="list-style-type: none"> None Right Left 	<p>POST SURGICAL</p> <ul style="list-style-type: none"> Cranial Vault Remolding Endoscopic Strip Craniectomy <p>Date of Surgery _____</p>	<p>SUTURE TYPE (Surgical Diagnoses Only)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Right Coronal</td> <td>Right Lambdoid</td> <td>Sagittal</td> </tr> <tr> <td>Left Coronal</td> <td>Left Lambdoid</td> <td>Metopic</td> </tr> <tr> <td>Bi-Coronal</td> <td>Bi-Lambdoid</td> <td></td> </tr> </table> <p>Surgical Complications _____</p> <p>Other Diagnosis & Syndromes _____</p>	Right Coronal	Right Lambdoid	Sagittal	Left Coronal	Left Lambdoid	Metopic	Bi-Coronal	Bi-Lambdoid	
Right Coronal	Right Lambdoid	Sagittal									
Left Coronal	Left Lambdoid	Metopic									
Bi-Coronal	Bi-Lambdoid										

(i) Default options appear in bold.

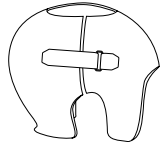
SELECT PRODUCT

Side Opening, Open Top



STARband®

- 5/32" Copolymer shell
- 1/2" Pelite® Liner
- Stop Gap Foam Insert
- Hook & Loop Closure



STARlight™

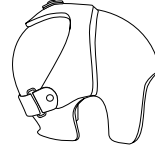
- 1/4" Surlyn™
- AliPlast™ Pads
- Hook & Loop Closure

Bi-Valve



STARband Bi-Valve

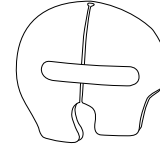
- 5/32" Copolymer shell
- 1/2" Pelite Liner
- Hook & Loop Closure



STARlight Bi-Valve

- 1/4" Surlyn
- AliPlast Pads
- Hook & Loop Closure

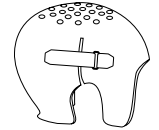
One Piece, Living Hinge



STARband Plus™

- 5/32" Copolymer shell
- 1/2" Pelite Liner
- Hook & Loop Closure

One Piece, Living Hinge FOR ENDO POST-OP ONLY



STARlight PRO

- 1/4" Surlyn for head circ. under 18", over 18" gets 3/8"
- AliPlast Pads, Reston™ Padding
- Hook & Loop Closure

FINISHING

TRIM LINES

Default

- Long Trim Lines
- Default w/Small Ears
- Provided by Practitioner (Pre-Modified Casts Only)

SIDE OPENING

Side Opposite Posterior Flattening

- Left
- Right

TOP OPENING

Determined by Orthomerica Based On Head Shape

- Oval Shape
- D-Trim

NECK MODIFICATION

Defined Sub-Occipital Groove

Neck Smoothed and Left "As is"

STARBAND LINER/PADS

- 1/2" Pelite
- 1/2" AliPlast
- (2) 1/4" AliPlast Layers (Additional charge)

STARBAND PLUS PADS

- 1/2" Pelite
- 1/2" AliPlast
- 1/4" AliPlast
- (2) 1/4" AliPlast (Additional charge)
- (4) 1/8" AliPlast (Additional charge)

STARLIGHT PRO PADS (PRO Models Only)

- 1/8" AliPlast
- 3/16" AliPlast
- Optional Eurion Pads (Metopic Suture Only)

OPTIONAL HOLDING CAPS

- Anterior Right
- Anterior Left
- Posterior Right
- Posterior Left

TRANSFER PATTERN

None

Transfer Name _____ STARband Only

STRAP TRANSFER PATTERN

None Match Band

Transfer Name _____ STARband Only

FINISH

Trimmed and Finished

- Blank on Mold
- Blank on Mold and Split

CHAFE ATTACHMENT

- Anterior to Opening
- Posterior to Opening
- Do Not Attach

STRAP TYPE

(STARlight Side Opening, STARlight PRO only)

Adhesive Backed Velcro®

- Tamper Resistant (Adhesive Backed Velcro)

MODIFICATIONS

POSITIONAL MODIFICATIONS

Correct Asymmetry: Correct Proportion up to the Projected Circumferential Head Growth

- Full Correction of Asymmetry, Proportion, and Cranial Vault Height Asymmetry
- Correct Asymmetry Only

PRIMARY ASYMMETRY MODIFICATIONS

- Posterior
- Anterior

POST-OP SURGICAL MODIFICATIONS

(post-op only, not including STARlight PRO)

Correct Asymmetry and Cephalic Ratio to _____ %

Correct Asymmetry Only

Correct Cephalic Ratio to _____ %

No Modification

STARLIGHT PRO MODIFICATIONS

Standard Endoscopic Mods

Other (describe below)

What number STARlight PRO will this be for the patient? _____

RETURNS

POSITIVE MOLD

- No Mold Returned
- Return Modified Mold
- Return Unmodified Mold

COMMENTS