ORTHOMERICA® BURN & FRACTURE MASK ORDER FORM

BURN MASK (SELECT PLASTIC)

- ○ CAB 1/8″ **(DEFAULT)**
- ○ CAB 3/16″
- ○ Surlyn 1/4″
- ○ Vivak 1/8″ **(CHECK MASK)**

FRACTURE MASK (SELECT PLASTIC)

- ○ CAB 1/8″ **(DEFAULT)**
- ○ CAB 3/16″
- ○ Surlyn 1/4″

Nose fracture defaults to ⅛″ build-up

MEASUREMENTS

Tragion RT _____ ML _____

Tragion LT _____ AP _____

Excanthion RT _____ CIRC _____

Excanthion LT _____

TRIM

- ○ Unfinished Trim
- ○ Finished Trim **(DEFAULT)**

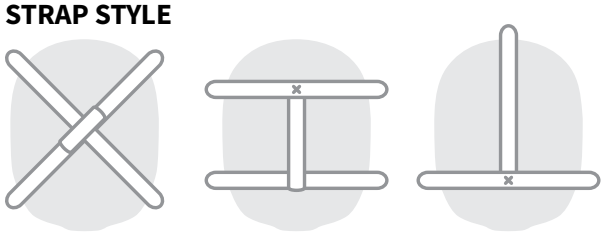
STRAP ATTACHMENT

- ○ Attach Straps
- ○ Straps Unattached **(DEFAULT)**

STRAP COLOR

○ White **(DEFAULT)** ○ Black

STRAP STYLE



○ X Style ○ H Style ○ T Style

If nothing is checked, the standard configuration **(DEFAULT)** will be delivered.

PO#:

Date Needed:

Patient Name (PHI) | Age in years | Date of cast/scan | Diagnosis | Date of injury

Practitioner | Email | Phone | Fax

☐ **Shipping address same as billing?**

Billing Company Name | Shipping Location Name

Billing Address Line 1 | Shipping Address Line 1

Billing Address Line 2 | Shipping Address Line 2

City/Town | City/Town

State/Province/Region | Postal Code | State/Province/Region | Postal Code

SHIPPING

☐ UPS 2nd Day ☐ Other _____

Detail your modification requirements or any other special instructions here.

Please upload the order form along with photographs or scanned drawings showing the requested trim lines and modifications.

orthomerica.com/scan/upload-cranial/

Contact Orthomerica
Cranial Customer Service at
1 (877) 737-8444