

**ORTHOMERICA's  
CRANIAL PROTECTIVE ORTHOSIS ORDER FORM**

Patient's Name (PHI): \_\_\_\_\_ Age in years \_\_\_\_\_ Date of Cast/Scan \_\_\_\_\_  
 Facility Name \_\_\_\_\_ Practitioner \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Shipping Address \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. # \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Shipping via 2<sup>nd</sup> Day Air or other \_\_\_\_\_  
 Email: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**Prerequisites for using a Cranial Protective Orthosis. Proceed with the order if each statement below applies to this patient.**

- The prescription for this orthosis was written by the physician providing ongoing treatment for the condition that requires the cranial protective orthosis.
- The **Cranial Protective Orthosis** will be applied over intact skin.
- I understand that the cast/scan and the order form must meet quality control standards as defined by Orthomerica protocols prior to beginning fabrication.

**Type of model sent:**

Patient Cast Impression                       Patient Scan

The turnaround time for a Patient Cast Impression or Scan is 4 days after the date of the cast/scan and completed paperwork are received at Orthomerica.

**NOTE:** If being fit to an infant or a toddler, Cranial Protective Orthosis should be fit within 2 weeks of casting/scanning to ensure effective fit and function.

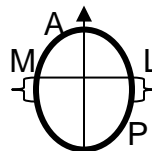
**Patient Data**

Measurements are taken over stockinet.

Caliper Measurement of Width (M-L) \_\_\_\_\_

Caliper Measurement of Length (A-P) \_\_\_\_\_

Head Circumference at eyebrows \_\_\_\_\_

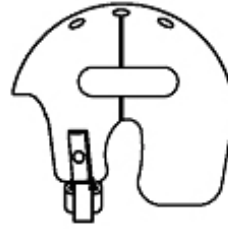
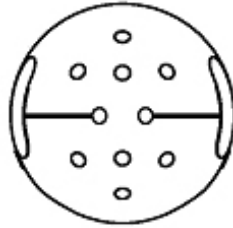


**Note:** Follow standard measurement techniques to ensure that measurements are consistent and can be matched to patient measurements for identification purposes.

**Comments:** Indicate special clinical information such as diagnosis, surgical site or other instructions needed to fabricate the protective helmet (include photographs).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Protective Helmet



**Note:** Picture above is for illustration purposes only.

- Full Helmet
- 3/16"- 1/4" Copoly Finished Shell
- 1/2" Aliplast Liner
- Velcro Side Strap
- Dacron Chinstrap

**Note:** Plastic thickness will vary depending on head size.

**Defaults are listed below in bold text.**

**Do not modify the cast except to achieve purchase.**

Add a buildup over a specific area as marked on the cast or scan information.  
Describe the exact location of the desired buildup of the area to protect.

**Note:** (If any of the conditions below apply, forward photographs with your order).

Shunt  Hematoma  Swelling  Incision Site  Other Specify: \_\_\_\_\_

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Trim Lines:  **Default (shown above)**  Long trim lines

Liner/Pads:  **Default (shown above)** 1/2" Aliplast Liner

(3) 1/8" + (1) 1/4" Aliplast Liners

Transfer:  **None**  Design \_\_\_\_\_

Strap transfer  **None**  Match helmet (Available for Velcro side strap only)

Finish:  **Trimmed and finished**

Chinstrap:  **Attached**  Do not attach

Positive mold:  **No mold returned**  Return mold

Patient cast impression:  **No return**  Return mold

Photographs:  **Do not return**  Return with helmet  No photographs provided

Other information: \_\_\_\_\_

**Ship both pages of the order form and photographs along with cast impressions:**

**Orthomerica Products, Inc.  
Custom Cranial Department  
6333 North Orange Blossom Trail  
Orlando, FL 32810**

Contact Orthomerica Cranial Customer Service at 1-877-737-8444 with any questions.