

Date \_\_\_\_\_

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

**PATIENT INFO (PHI)**

Last Name / ID \_\_\_\_\_ First Name \_\_\_\_\_  
 Gender \_\_\_\_\_  
 Male \_\_\_\_\_  
 Female \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

Remarks/Additional Prosthetic Components

**SHIPPING INFORMATION**

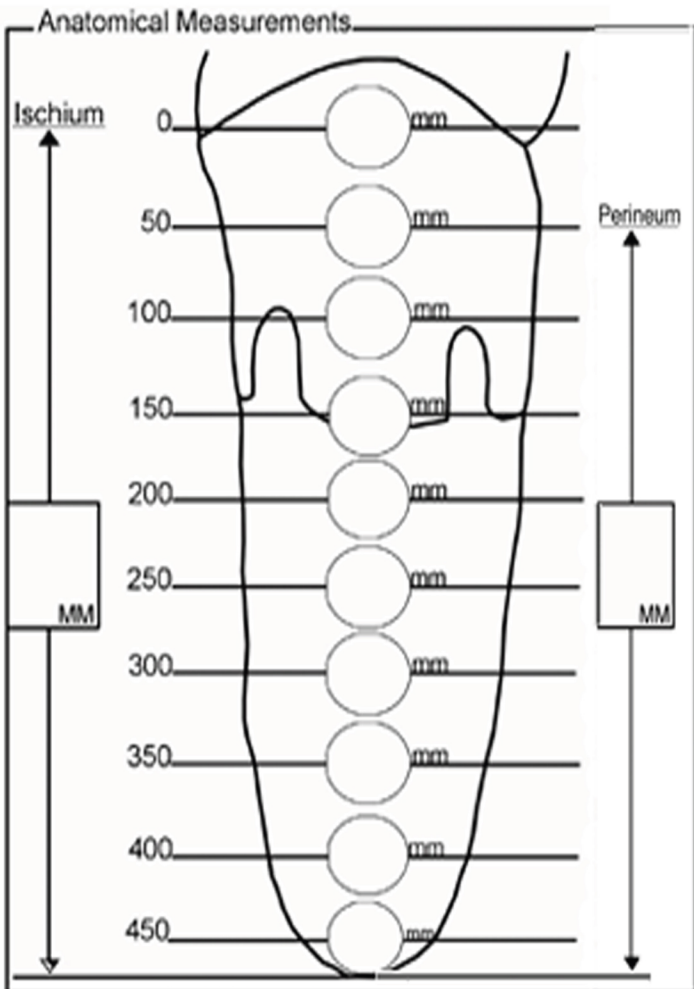
Practitioner \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
 Facility \_\_\_\_\_ PO Number \_\_\_\_\_  
 Ship to Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Company \_\_\_\_\_ Service \_\_\_\_\_  
 UPS  Ground  
 FedEx  2 Day Air  
 Other: \_\_\_\_\_  Overnight \_\_\_\_\_  
 Need by \_\_\_\_\_  
 Bill to Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shape Acquisition Via:  Cast  Scan | Affected Side:  Left  Right |  Cast Over Liner  3mm  6mm  9mm

**MEASURE IN MILLIMETERS, PLEASE** Measurements Taken By: \_\_\_\_\_

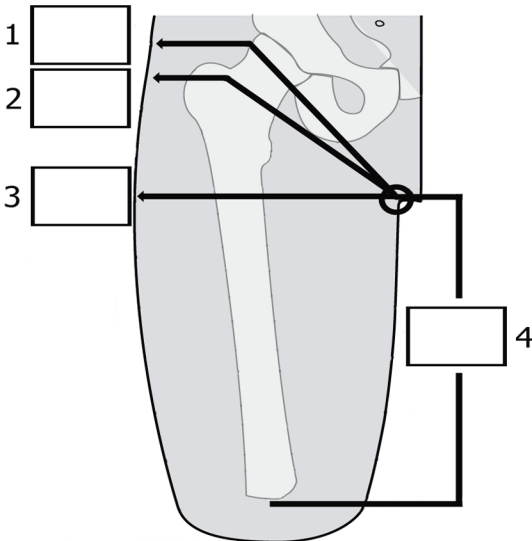
**Email Orthomerica a Picture of Patient's Residual Limb With Liner Donned**  
 Yes  No **ebracepros@orthomerica.com**



Measurements taken with patient **SITTING** or **STANDING**

Round  Conical  Flat

Carving Only  
 Test Socket Only  
 Test Socket & Carving  
 PETG or Orfitrans Stiff  
 Attachment  
 4 Hole Plate  
 3 Prong (M or F)  
 None  
 Dummy  
 Kiss  Bulldog } Supply Lock Y or N  
 4SN1  
 None



Use ML stick applying sufficient pressure to simulate the desired socket ML dimension. **All 4 measurements begin at the point where the proximal adductor longus will exit the socket.**

1. Measured angularly to gluteus medius belly.
2. Measured angularly to apex of GT.
3. Measured horizontal from proximal adductor longus to sub-trochanter.
4. Length of femur from the point where the proximal adductor longus will exit the socket.

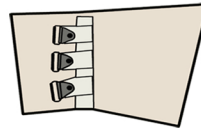
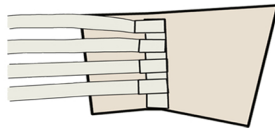
Measurements taken:  Inches  MM

**Patient Name / Purchase Order #:** \_\_\_\_\_

Patient Height: \_\_\_\_\_, Patient Weight: \_\_\_\_\_, Amputated Side: Left  Right

Material Color:  Coyote (brown)  Heavy duty fabric (black only)

Closure Options:



- 1:1 Velcro attached to batten  2:1 Loops attached to batten  1" Pressure Buckles With Dacron Strap (No Velcro)

Other Options:

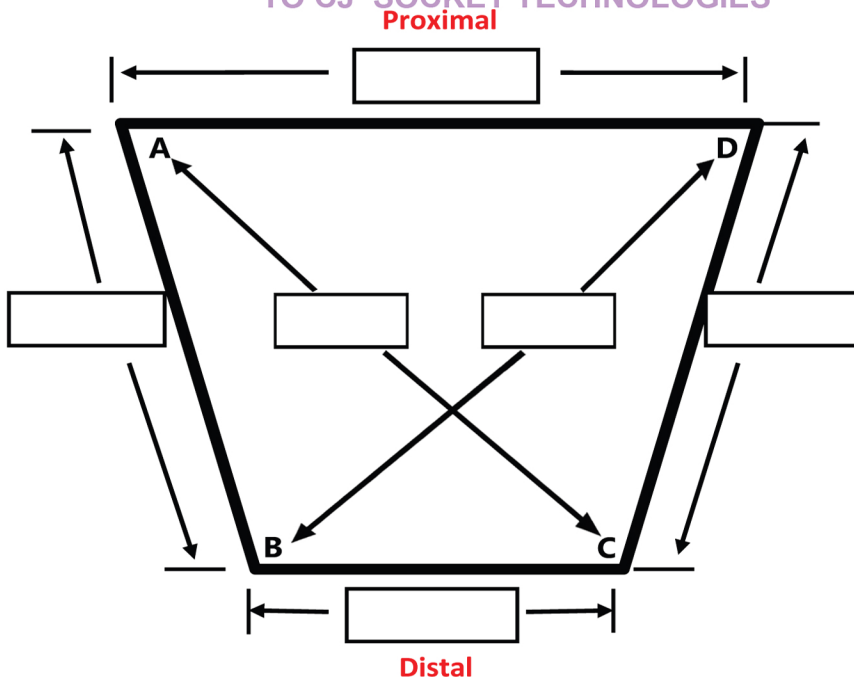
- Thumb Loop At End Of Strap  Dacron-backed Velcro Straps for 2:1 Loop Closure (HIH Straps)  
 Proximal Arc (For very conical limbs or flexion contractures of 15 degrees or more)  
 OPEN FLAP Design (No attachment holes medial side of Sail. Secured by selected closure)  
 No attachment holes needed  
 Dart sewn into Sail (for irregular shaped limbs) Dart measurements: (H"xW") \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**FOR INTERNAL USE ONLY-ORTHOMERICA TO PROVIDE SAIL MEASUREMENTS TO CJ SOCKET TECHNOLOGIES**

- Inches  
 CM

**Indicate:**  
Medial or Lateral



**Indicate:**  
Medial or Lateral

**Internal use only**  
 Serial # \_\_\_\_\_  
 Date in \_\_\_\_\_  
 Date out \_\_\_\_\_  
 TFB \_\_\_\_\_