

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 | Scan/Cast Over Liner 3mm 6mm 9mm

Cast Mod Yes No

Complex (e.g. PTB)
 Supra Condylar
 Supra Cond/Patellar

Total Reduction _____ %

Other: _____

Check Socket

Vivak (PETG)
 Thermolyn
 Polypropylene
 Seam
 Seamless

Flexion Contracture _____
 Degrees Bench Alignment _____

Definitive Socket

Color _____

Epoxy/Glass/Carbon
 Acrylic/Glass/Carbon
 Polypropylene

Other: _____

Transfer Alignment
 Neutralize Alignment Screws

Inner Sockets

Proflex
 Proflex w/ silicone
 Polyethylene

Other: _____

Distal Connector

Plate (Grace Type)
 Shuttle Lock (e.g. PTB)
 Modular
 Integrated

Pin Length _____

Other: _____

Foam Liner

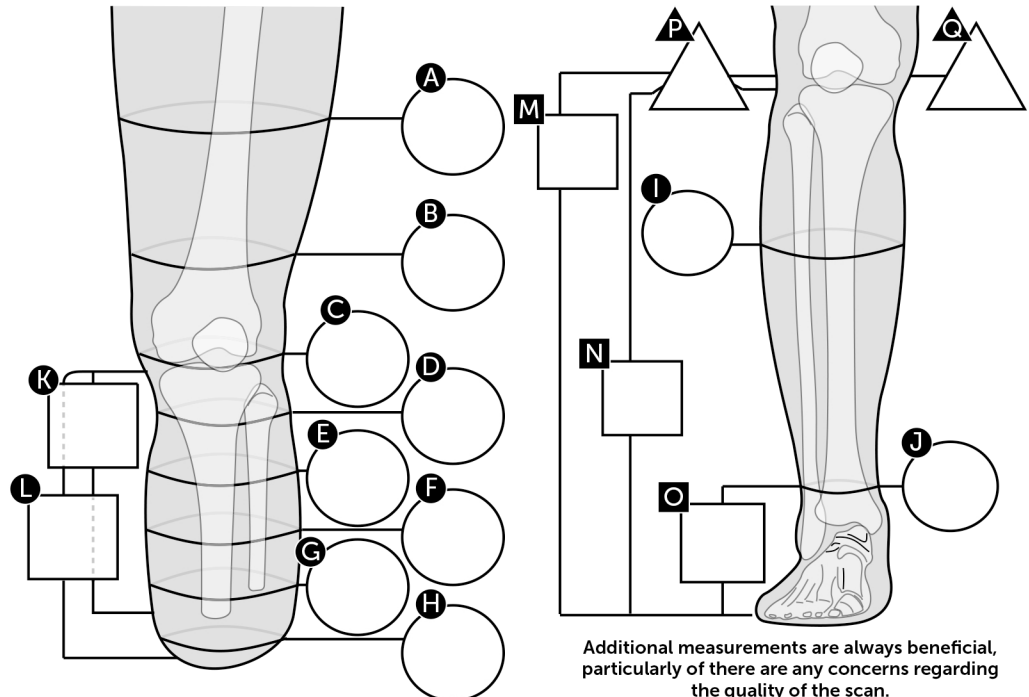
Standard
 Trilam/Composite
 Keasy Cone

Other: _____

Add Distal Pad

Miscellaneous

Trilam/Composite
 Heavy Duty Lay-up
 Carbon Braid Reinforcement
 Suction Valve (Lyn Type)
 Foam Cover Skin Stockings
 Suspension Sleeve
 Door (Symes)
 Silicone Expandable Bladder (Symes)



Additional measurements are always beneficial, particularly if there are any concerns regarding the quality of the scan.

- | | | | | |
|---|--|---|--|---|
| <p>● CIRCUMFERENCES</p> <p>A Mid-thigh
 B Distal-thigh
 C MPT
 D 2" < MPT</p> | <p>E 4" < MPT
 F 6" < MPT
 G 8" < MPT
 H 10" < MPT</p> | <p>■ LENGTHS</p> <p>K MPT to Distal Tibia
 L MPT to Distal End</p> | <p>■ SECOND LIMB</p> <p>I Calf
 J Above Ankle</p> | <p>▲ DIAMETER</p> <p>P ML @ Knee
 Q AP @ Patella</p> |
|---|--|---|--|---|

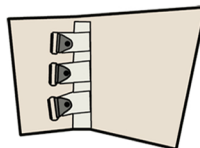
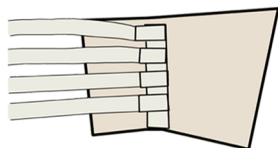
Patient Name / Purchase Order #: _____

Patient Height: _____, Patient Weight: _____, Amputated Side: Left Right

K Level: 1 2 3 4

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

Internal use only

Serial # _____

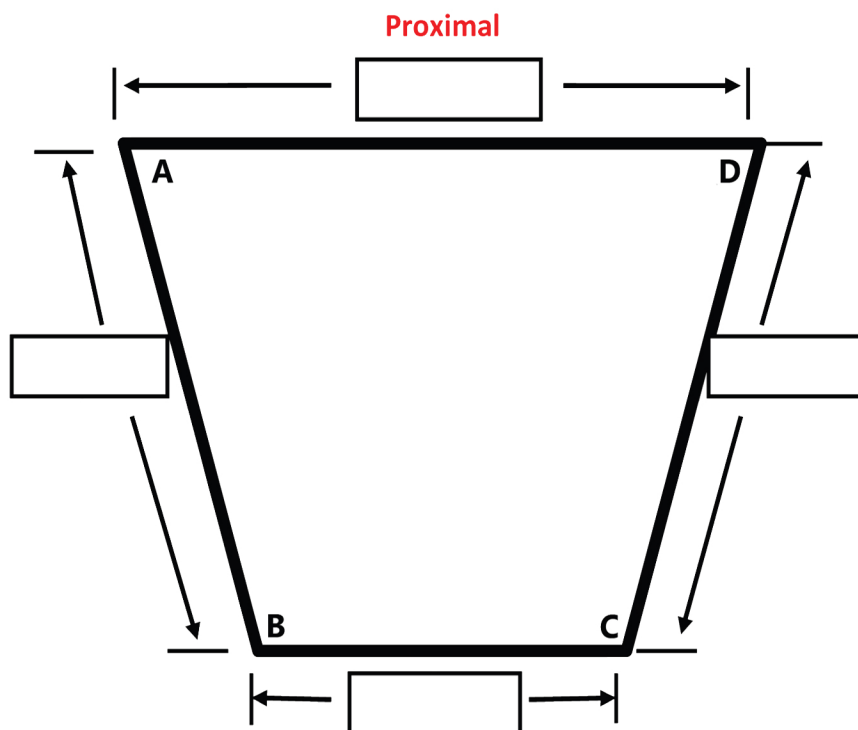
Date in _____

Date out _____

TFB _____

- Inches
- CM

Indicate:
Medial or Lateral



Indicate:
Medial or Lateral