

PRACTITIONERS MUST COMPLETE AN ORTHOMERICA CRANIAL REMOLDING COURSE PRIOR TO SENDING AN IMPRESSION FOR A CRANIAL REMOLDING ORTHOSIS

Infant's Name : _____ Corrected Age in Months: _____ Date of Birth (mandatory): _____

Facility Name: _____ Practitioner: _____

Billing Address: _____ Shipping Address: _____

P.O. # _____ Telephone: _____

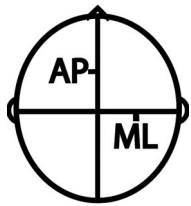
Fax: _____ Shipping Via 2nd-day Air or Other: _____

Email: _____ Date Needed: _____

Type of model sent: Unmodified Cast Impression Date of Cast (mandatory): _____

Modified Cast Impression Positive Modified Mold Positive Unmodified Mold

The turnaround time for an unmodified cast impression is 4 days, and 3 days for modified cast impressions after the date the cast and completed paperwork are received at Orthomerica. Headbands must be fit within 14 days of casting to ensure effective fit and function. **The 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 cast impression, measurements, or paperwork.**



Caliper Measurement of Width (ML)
 Caliper Measurement of Length (AP)
 Head Circumference
 (above eyebrows and ears)

Patient Data (Mandatory)

Measurements of Baby's Head over Stockinet:

FOR MODIFIED MOLDS ONLY

Positive Unmodified Mold	Positive Modified Mold
_____	_____
_____	_____
_____	_____

Note: Take each measurement three times to ensure accuracy. Inaccurate measurements may cause your cast to be rejected. Follow the measurement techniques in the Practitioner Instructions to ensure that measurements are consistent and will match Orthomerica's measurements.

Check any boxes that apply to the head shape

- Occipital Area: Right Flattening > Left Left Flattening > Right Central Flattening N/A
- Parietal Area: Right Flattening > Left Left Flattening > Right Bilateral Flattening N/A
- Frontal Area: Right Flattening > Left Left Flattening > Right Bilateral Flattening N/A
- Ear Alignment: Right Anterior Shift Left Anterior Shift No Ear Shift

Note: the > symbol indicates 'greater than'

Diagnosis

- Positional: Plagiocephaly Brachycephaly Scaphocephaly
- Asymmetrical Brachycephaly Asymmetrical Scaphocephaly
- Post Surgical: Cranial Vault Remodeling Endoscopic Strip Craniectomy
- Suture: Sagittal Metopic Left Lambdoid Left Coronal
- Other _____ Right Lambdoid Right Coronal

Date of Surgery: _____ Surgical Complications: _____

Other Diagnosis & Syndromes: _____

Torticollis No Torticollis Left Right

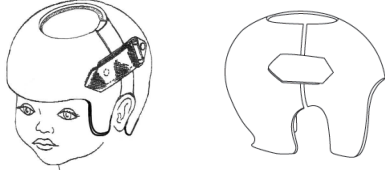

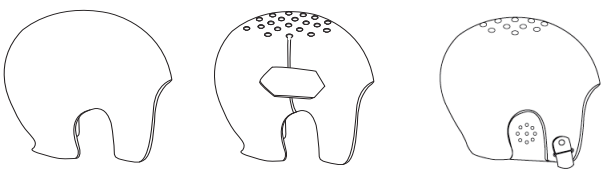
ATTACH A PHOTOGRAPH OF THE ANTERIOR AND POSTERIOR VIEW OF THE BABY IN THE CAST. Please ship both pages of the order form and any clinical photographs with the cast impressions to:

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

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



Orthomerica's Cranial Remolding Orthosis Order Form page 2 of 2

STARband® and STARlight™ Side Opening		STARband® and STARlight™ Bi-Valve®		STARlight Cap®, STARlight PRO and Clarren™ Helmet		
						
<input type="checkbox"/> STARband®	<input type="checkbox"/> STARlight™	<input type="checkbox"/> STARband®	<input type="checkbox"/> STARlight™	<input type="checkbox"/> STARlight Cap®	<input type="checkbox"/> STARlight PRO	<input type="checkbox"/> Clarren™
<ul style="list-style-type: none"> • 5/32" Copolymer shell • 1/2" Pelite Liner • Stop Gap Foam Insert • Velcro® Closure 	<ul style="list-style-type: none"> • 1/4" Surlyn • AliPlast™ Pads • Velcro® Closure 	<ul style="list-style-type: none"> • 5/32" Copolymer shell • 1/2" Pelite Liner • Velcro® Closure 	<ul style="list-style-type: none"> • 1/4" Surlyn • AliPlast™ Pads • Velcro® Closure 	<ul style="list-style-type: none"> • 1/4" Surlyn • AliPlast™ Pads 	<ul style="list-style-type: none"> • 1/4" or 3/8" Surlyn* • Velcro® Closure • AliPlast™ Pads • Reston Pads <p style="font-size: small;">For Endo Post-op Only</p>	<ul style="list-style-type: none"> • 1/4" Polypropylene shell • 1/8" AliPlast™ Liner • Chinstrap <p style="font-size: small;">Not Available for Post-op</p>

*Infants with head circumference under 18" will receive 1/4" Surlyn, however, infants with head circumferences over 18" will receive 3/8" Surlyn.

Defaults are listed in BOLD

Modification

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

STD Post-Op Modifications:

- Correct asymmetry and correct Cephalic Ratio to ____%**
- Correct asymmetry only
- Correct Cephalic Ratio to ____%
- No Modification

STARlight PRO Modifications

- Std. Endoscopic Mods**
- Other - See Comments

Primary Asymmetry Modifications: **Posterior** Anterior

Helmet # _____

Neck Modification: **Defined Sub-Occipital Groove**

Neck Smoothed and Left 'As Is'

Trim Lines: **Default (As Shown Above)** Long Trim Lines Default w/Small Ears Provided by Practitioner (Pre-Modified Casts Only)

Side Opening: **Side Opposite Posterior Flattening** Left Right

Top Opening: (Check One) **Determined by Orthomerica Based On Head Shape** Oval Shape D-Trim

Optional Holding Caps: Anterior Right Anterior Left Posterior Right Posterior Left

STARband Liner/Pads: **Default (As Shown Above)** 2 1/4" Aliplast Layers

STARlight PRO Pads: 1/8" Aliplast 3/16" Aliplast Optional Eurion Pads (*Metopic suture only*)

Transfer: **None** Design (STARband & Clarren Only): _____

Strap Transfer: **None** Match Band

Finish **Trimmed and Finished** Blank on Mold Blank on Mold and Split

Chafe Attachment: **Anterior to Opening** Posterior to Opening Do Not Attach

STARlight PRO Strap: STD Overlay Tamper Proof

Positive Mold: **No Mold Returned** Return Modified Mold Return Unmodified Mold

Negative Cast Impression: **No Impression Returned** Return Modified Return Unmodified

Photographs: Do Not Return Return with Band No Photographs Provided

Comments: _____
