

# Orthomerica's Cranial Remolding Orthosis Order Form page 1 of 2

**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  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.**



**Patient Data (Mandatory)**

Measurements of Baby's Head over Stockinet:

Head Circumference \_\_\_\_\_

(above eyebrows and ears) \_\_\_\_\_

Caliper Measurement of Width (ML) \_\_\_\_\_

Caliper Measurement of Length (AP) \_\_\_\_\_

**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: | <input type="checkbox"/> Right Flattening > Left | <input type="checkbox"/> Left Flattening > Right | <input type="checkbox"/> Central Flattening   | <input type="checkbox"/> N/A |
| Parietal Area:  | <input type="checkbox"/> Right Flattening > Left | <input type="checkbox"/> Left Flattening > Right | <input type="checkbox"/> Bilateral Flattening | <input type="checkbox"/> N/A |
| Frontal Area:   | <input type="checkbox"/> Right Flattening > Left | <input type="checkbox"/> Left Flattening > Right | <input type="checkbox"/> Bilateral Flattening | <input type="checkbox"/> N/A |
| Ear Alignment:  | <input type="checkbox"/> Right Anterior Shift    | <input type="checkbox"/> Left Anterior Shift     | <input type="checkbox"/> No Ear Shift         |                              |

**Note:** the > symbol indicates 'greater than'

**Diagnosis**

- |                |   |   |   |
|----------------|---|---|---|
| Positional:    | <input type="checkbox"/> Plagiocephaly                      | <input type="checkbox"/> Brachycephaly                | <input type="checkbox"/> Scaphocephaly              |
|                | <input type="checkbox"/> Asymmetrical Brachycephaly (combo) |   | <input type="checkbox"/> Asymmetrical Scaphocephaly |
| Post Surgical: | <input type="checkbox"/> Cranial Vault Remodeling           | <input type="checkbox"/> Endoscopic Strip Craniectomy |   |
| Suture:        | <input type="checkbox"/> Sagittal                           | <input type="checkbox"/> Metopic                      | <input type="checkbox"/> Left Coronal               |
|                | <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Right Lambdoid               | <input type="checkbox"/> Right Coronal              |

Date of Surgery: \_\_\_\_\_ Surgical Complications: \_\_\_\_\_

Other Diagnosis & Syndromes: \_\_\_\_\_

Torticollis  No Torticollis  Yes Torticollis

ATTACH A PHOTOGRAPH OF THE ANTERIOR AND POSTERIOR VIEW OF THE BABY IN THE CAST.

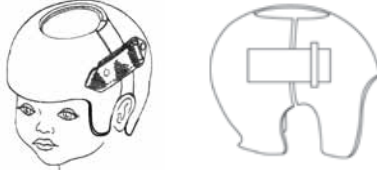


**Please ship both pages of the order form and any clinical photographs with the cast impressions to:**

**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

<b>STARband® and STARlight™ Side Opening</b>		<b>STARband® and STARlight™ Bi-Valve®</b>		<b>STARlight Cap®, STARlight PRO and Clarren™ Helmet</b>		
						
<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"> <li>• 5/32" Copolymer shell</li> <li>• 1/2" Pelite Liner</li> <li>• Stop Gap Foam Insert</li> <li>• Velcro® Closure</li> </ul>	<ul style="list-style-type: none"> <li>• 1/4" Surlyn</li> <li>• AliPlast™ Pads</li> <li>• Velcro® Closure</li> </ul>	<ul style="list-style-type: none"> <li>• 5/32" Copolymer shell</li> <li>• 1/2" Pelite Liner</li> <li>• Velcro® Closure</li> </ul>	<ul style="list-style-type: none"> <li>• 1/4" Surlyn</li> <li>• AliPlast™ Pads</li> <li>• Velcro® Closure</li> </ul>	<ul style="list-style-type: none"> <li>• 1/4" Surlyn</li> <li>• AliPlast™ Pads</li> </ul>	<ul style="list-style-type: none"> <li>• 1/4" or 3/8" Surlyn*</li> <li>• Velcro® Closure</li> <li>• AliPlast™ Pads</li> <li>• Reston Pads</li> </ul> <p style="margin: 0;"><b>For Endo Post-op Only</b></p>	<ul style="list-style-type: none"> <li>• 1/4" Polypropylene shell</li> <li>• 1/8" AliPlast™ Liner</li> <li>• Chinstrap</li> </ul> <p style="margin: 0;"><b>Not Available for Post-op</b></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 (For post op only):

- 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 (PRO only):                       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 & Side Opening Strap

(Only PRO and side opening):                       Chafe/Loop PSA                       Chafe/Loop PSA-Tamper Resistant

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: \_\_\_\_\_