

# ORTHOMERICA® OWLS® WHO™ & shark-o™

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

Patient last name/ID	Age	Weight <small>(if weight is 220 lbs. [100 kg] or more, ankle must be reinforced at added cost)</small>	Activity level	Edema present?	<b>Shipping Provider</b> UPS, FedEx, Other  <b>Service</b> Ground, 2 day air, 3 day air, Overnight
Patient first name	Height	Low Medium High <small>If high, use one weight range higher.</small>		None Light Medium Heavy	
Male, Female	Diagnosis				
Facility	Date	PO#			Need by
Practitioner	Ship-to address			Billing address	
Email	City	State	City	State	

Phone	Fax	Zip	Country	Zip	Country
Left, Right <small>(If bilateral use two forms For bilateral CLAW, use one weight range higher)</small>					
Cast, Scan <small>(Tracings are recommended for cast orders)</small>	<b>shark-o</b> <small>(charcot orthosis)</small>	<b>WHO Heel</b> <small>(cutout relief)</small>	<b>WHO Forefoot</b> <small>(cutout relief)</small>	<b>WHO Midfoot</b> <small>(full foot bed)</small>	<b>WHO Chopart</b> <small>(partial foot)</small>
					<b>CLAW™</b> Carbon Laminate Alignment Walker <small>(available on all WHO and shark-o models, added cost, patten bottom, common HCPCS code L-2370)</small>

For Chopart level, use one weight range higher.  
Over "toe" strap required (to keep brace from flaring).

**Ankle flexion**  
 As casted (default)  
 90°  
 Other

**Forefoot**  
 As casted (default)  
 Neutral  
 Other

**Hindfoot**  
 As casted (default)  
 Sub taylor neutral  
 Other

**Liner**  
 Black (default)  
 White

**Copolymer**  
 1/4" (default)  
 3/16"

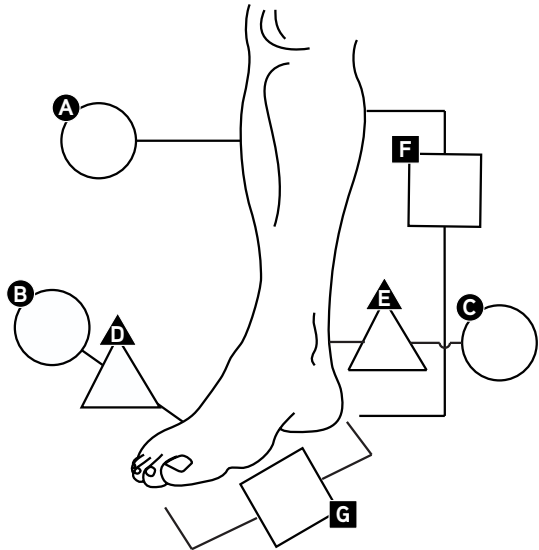
**Copolymer color**  
 Black (default)  
 Natural

**Pattern transfer**  
(added cost, over natural plastic only, available patterns on www.orthomerica.com)

**Carbon ankle reinforcements**  
 Select to add reinforcements  
(added cost, required if pt. weight 220 lbs. or above or if CLAW is ordered.)

**Measurements**  
 If anticipated CLAW alignment more than 20 degrees, how much in or out?

- Circumferences**  
 A Calf  
 B Forefoot  
 C Ankle
- Lengths**  
 F Brace Height  
 G Foot Length
- Diameter**  
 D Forefoot ML  
 E Ankle ML



**Mark ulcer/amputation sites**  
(draw in Adobe Acrobat: select Comment, Drawing Markups, Draw Free Form)



Foot weight bearing during measurement? Yes, No

Foot tracing recommended

**Evenup contralateral height compensation**  
(added cost, slip-on, over the shoe sandal, with two each 1/2" build-up filler insoles)



Enter shoe size to order

Remarks