

ORTHOMERICA® SPECTRUM™ EZ-ON™ ORDER FORM

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 _____

AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

DIAGNOSIS _____

PO# _____

LEFT RIGHT BI-LATERAL

SHIPPING INFORMATION

PRACTITIONER _____ PHONE _____ FAX _____

FACILITY _____

SHIP TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

Ground 2 Day Air Overnight Other: _____

Need by: _____

BILL TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

Special Instructions:

CAST CORRECTION

Ankle Alignment

90° _____° Dorsiflexion Plantarflexion

Do Not Correct

Hindfoot Subtalar Alignment

Neutral

Do Not Correct

Forefoot Alignment

Neutral

Do Not Correct

Other _____

LEATHER

- Black
- Tan
- White

MODIFICATION OPTIONS

- Navicular Relief
- Styloid 5th Met Relief
- Other _____

MEASUREMENTS (OVER 9" WILL INCUR ADDITIONAL CHARGE)

SYNTHETIC

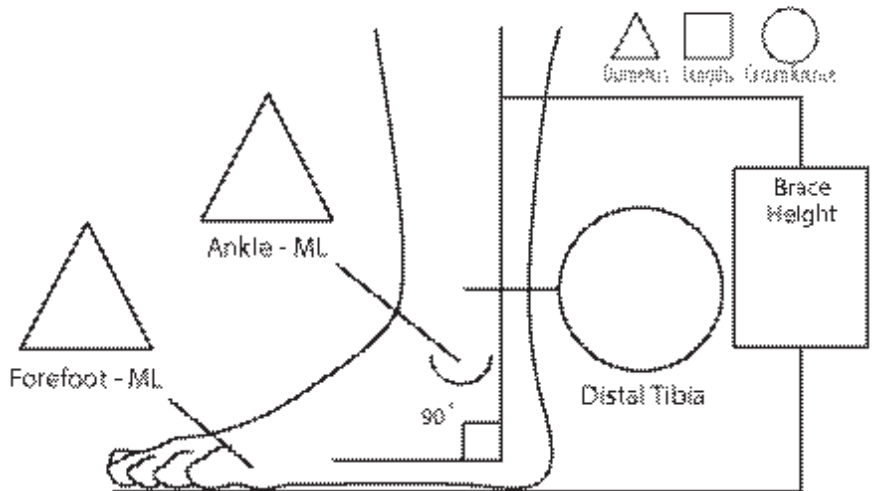
- White
- Black

PLASTIC INNER SHELL

- Copolymer
- Cut-out Inner Shell from Heel
(heel will still be covered by leather or synthetic material, except on Slim versions)

POST^s

- Hindfoot Medial Lateral _____"
- Forefoot Medial Lateral _____"
- Hind & Forefoot Medial Lateral _____"
- Arch Post



Unspecified options will default to those in **bold**
\$Additional Charge

*Options do not apply to the Edema Gauntlet