

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 <input type="radio"/> Male <input type="radio"/> Female			
Age _____	Height _____	Weight _____	Shoe Size _____
Diagnosis _____			

Remarks/Additional Prosthetic Components
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SHIPPING INFORMATION

Practitioner _____		Phone/Fax _____	
Facility _____		PO Number _____	
Ship to Address _____		Bill to Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	

Shipping Company <input type="radio"/> UPS <input type="radio"/> FedEx <input type="radio"/> Other: _____	Service <input type="radio"/> Ground <input type="radio"/> 2 Day Air <input type="radio"/> Overnight
Need by _____	

Shape Acquisition Via: ☐ Cast ☐ Scan | Affected Side: ☐ Left ☐ Right | ☐ Cast Over Liner ☐ 3mm ☐ 6mm ☐ 9mm

MEASURE IN MILLIMETERS, PLEASE

Measurements Taken By: _____

Email Orthomerica a Picture of Patient's Residual Limb With Liner Donned
☐ Yes ☐ No ebracepros@orthomerica.com

Anatomical Measurements

Ischium 0 mm

50 mm

100 mm

150 mm

200 mm

250 mm

300 mm

350 mm

400 mm

450 mm

Perineum

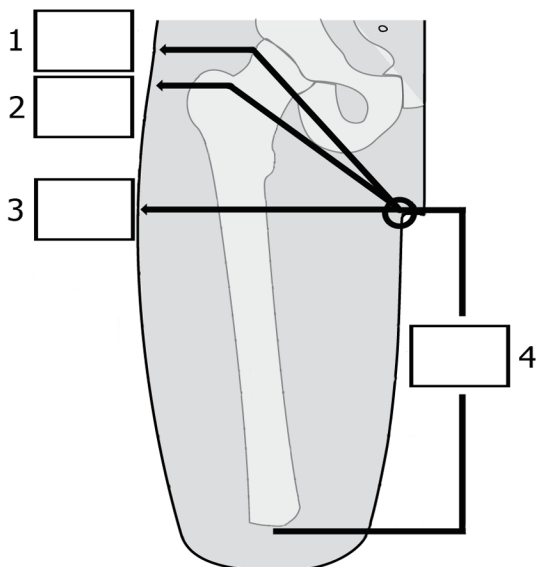
MM

MM

Measurements taken with patient SITTING or STANDING

<input type="checkbox"/> Round	<input type="checkbox"/> Conical	<input type="checkbox"/> Flat

<input type="checkbox"/> Carving Only <input type="checkbox"/> Test Socket Only <input type="checkbox"/> Test Socket & Carving PETG or Orfitrans Stiff <input type="checkbox"/> Dummy <input type="checkbox"/> Kiss <input type="checkbox"/> Bulldog <input type="checkbox"/> 4SN1 <input type="checkbox"/> None	<input type="checkbox"/> Attachment <input type="checkbox"/> 4 Hole Plate <input type="checkbox"/> 3 Prong (M or F) <input type="checkbox"/> None
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Use ML stick applying sufficient pressure to simulate the desired socket ML dimension. **All 4 measurements begin at the point where the proximal adductor longus will exit the socket.**

1. Measured angularly to gluteus medius belly.
2. Measured angularly to apex of GT.
3. Measured horizontal from proximal adductor longus to sub-trochanter.
4. Length of femur from the point where the proximal adductor longus will exit the socket.

Measurements taken: ☐ Inches ☐ MM

Patient Name / Purchase Order #: _____

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

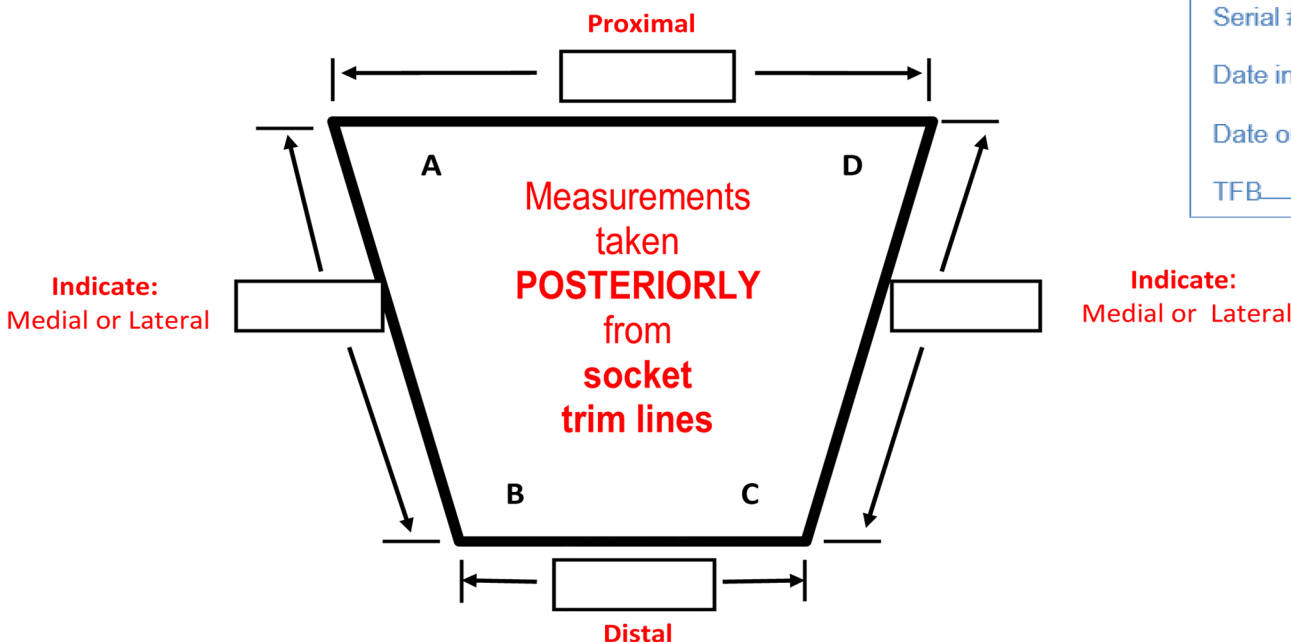
Material Color: ☐ Black ☐ Coyote (Brown) ☐ Heavy Duty Fabric (Black Only) K Level: 1 2 3 4

Closure Options: ☐ Standard (1:1) Closure, 1.5" Velcro Attached to Batten
☐ (2:1) Closure, 1.5" Loops Attached to Batten. **(Customer supplies Velcro Straps)****
☐ (2:1) Closure, 1" Loops Attached to Batten, 1" Pressure Buckles with Dacron Strap (No Velcro)

Other Options: ☐ Proximal Arc (for very Conical or Flexed Residual Limbs, Degrees of Socket Flexion _____ (Required))
☐ Darts Sewn into Sail (for Irregular Shaped Residual Limbs) Dart Measurements (H" x W"): _____
☐ This is a Replacement Sail for an existing socket, No Holes Needed
☐ **OPEN FLAP** Design – Medial Side of Sail Will Not Have Attachment Holes – Secured by Closure Choice Above
☐ ****CJ Socket to Make Dacron-backed Velcro Straps** (to be used with (2:1) Closure, 1.5" Loops Attached to Batten)

Special Instructions: _____

FOR INTERNAL USE ONLY-ORTHOMERICA TO PROVIDE SAIL MEASUREMENTS TO CJ SOCKET TECHNOLOGIES



Internal use only

Serial # _____

Date in _____

Date out _____

TFB _____