

Orthomerica's Cranial Orthosis Order Form page 1 of 2

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

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

Facility Name: _____ Practitioner: _____

Billing Address: _____ Shipping Address: _____

P.O. # _____ Telephone: _____

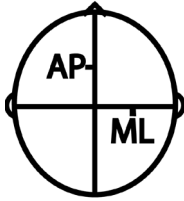
Fax: _____ Shipping Via 2nd-day Air or Other: _____

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 5 days, and 4 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: 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 (combo) 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 Yes Torticollis

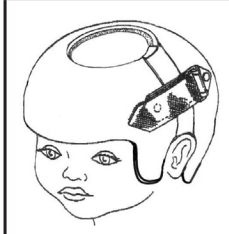
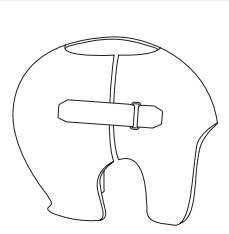
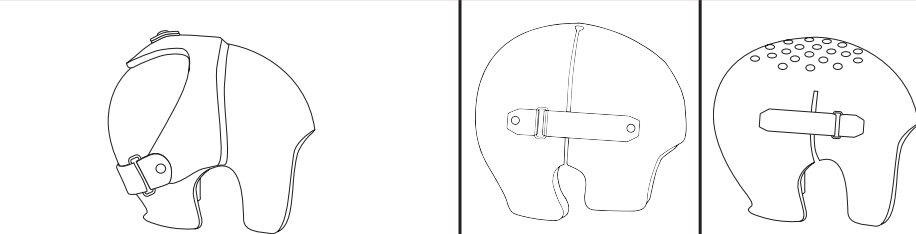
ATTACH A PHOTOGRAPH OF THE ANTERIOR AND POSTERIOR VIEW OF THE BABY IN THE CAST.

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.

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STARband® and STARlight™ Side Opening		STARband® and STARlight™ Bi-Valve®		STARband® Plus™ and STARlight™ PRO	
					
<input type="checkbox"/> STARband®	<input type="checkbox"/> STARlight™	<input type="checkbox"/> STARband®	<input type="checkbox"/> STARlight™	<input type="checkbox"/> STARband® Plus™	<input type="checkbox"/> STARlight™ PRO
<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"> • 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"> • 5/32" Copolymer shell • 1/2" Pelite Liner • Velcro® Closure 	<ul style="list-style-type: none"> • 1/4" or 3/8" Surlyn* • Velcro® Closure • AliPlast™ Pads • Reston Pads For Endo Post-op Only

*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

Standard 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** Long Trim Lines Default w/Small Ears

Provided by Practitioner

(As Shown Above)

(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

1/2" Aliplast

STARband Plus (Only): **Default (As Shown Above)**

1/4" Aliplast

1/2" Aliplast

STARlight PRO Pads (PRO only):

1/8" Aliplast

3/16" Aliplast

Optional Eurion Pads (Metopic suture only)

Transfer: **None**

Design (STARband 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: _____

