ORTHOMER CA BURN & FRACTURE MASK ORDER FORM

BURN MASK (select plastic) Silon STS 1/16" Silon STS 1/8" CAB 1/8" (Default) CAB 3/16" Surlyn 1/4" Vivak 1/8" (Check Mask)	FRACTURE MASK (select plastic) □ Polycarbonate 1/8" □ Polycarbonate 3/16" □ CAB 1/8" (Default) □ CAB 3/16" □ Surlyn 1/4" Nose fracture defaults to 1/8" build-up	MOLD TYPE □ Carve Blank from Scan □ Practitioner Modified Cast/Mold □ Practitioner Modified Foam □ Unmodified Patient Cast □ Unmodified Patient Scan □ Other
「RIM □Unfinished Trim	STRAP ATTACHMENT □ Attach Straps	The modified mold will be returned with your mask.
□Finished Trim (Default)	Straps Unattached (Default)	STRAP STYLE
If nothing is checked, the standar PO#: Date Needed:	d configuration (Default) will be delivered.	X Style H Style T Style (Default)
atient Name (PHI)	Age in years	Date of cast/scan
Diagnosis	Date of Injury	
acility Name	Practitioner	
illing Address	Shippi	ng Address
hone	Fax	Email
Shipping		
UPS 2 nd Day Other		Ship this order form, photographs with cast impressions to: Orthomerica Products, Inc. Custom Cranial Department 6333 North Orange Blossom Trail Orlando, FL 32810 Contact Orthomerica Cranial Customer Service at 1-877-737-8444.