

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 _____

(if weight is 220 lbs. [100 kg] or more, ankle must be reinforced at added cost)

Patient first name _____

Height _____

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
(if bilateral use two forms)

Cast, Scan
(tracings are recommended for cast orders)



shark-o
(charcot orthosis)



WHO Heel
(cutout relief)



WHO Forefoot
(cutout relief)



WHO Midfoot
(full foot bed)



WHO Chopart
(partial foot)



CLAW™
Carbon Laminate Alignment Walker
(available on all WHO and shark-o models, added cost, patten bottom, common HCPCS code L-2370)

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

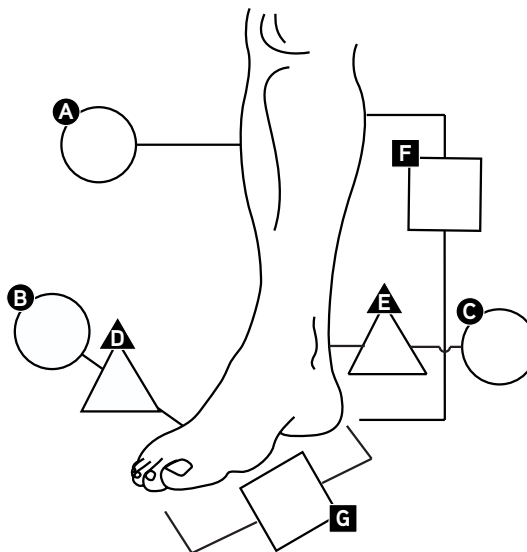
Pattern transfer

(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



Circumferences

- A** Calf
- B** Forefoot
- C** Ankle

Diameter

- Δ** Forefoot ML
- Δ** Ankle ML

Lengths

- F** Brace Height
- G** Foot Length

Mark ulcer/amputation sites

(draw in Adobe Acrobat: select Comment, Drawing Markups, Draw Free Form)



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