

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
 Male
 Female

Age _____ Height _____ Weight _____ Shoe Size _____

Diagnosis _____

Remarks/Additional Prosthetic Components

SHIPPING INFORMATION

Practitioner _____ Phone/Fax _____

Facility _____ PO Number _____

Ship to Address _____

City _____ State _____ Zip _____

Shipping Company _____ Service _____

UPS Ground
 FedEx 2 Day Air
 Other: _____ Overnight

Need by _____

Bill to Address _____

City _____ State _____ Zip _____

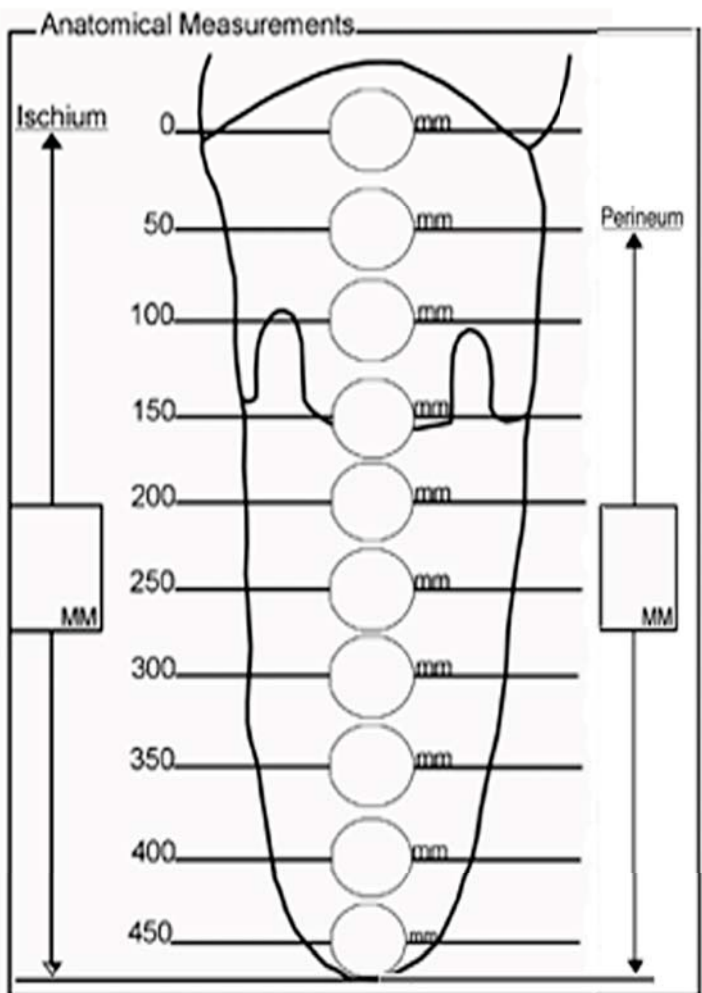
Shape Acquisition Via: Cast Scan | Affected Side: Left Right | Cast Over Liner 3mm 6mm 9mm

MEASURE IN MILLIMETERS, PLEASE

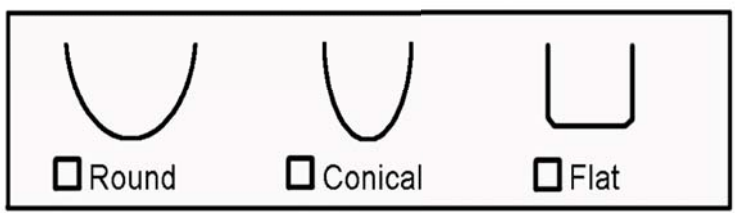
Measurements Taken By: _____

Email Orthomerica a Picture of Patient's Residual Limb With Liner Donned

Yes No **ebracepros@orthomerica.com**



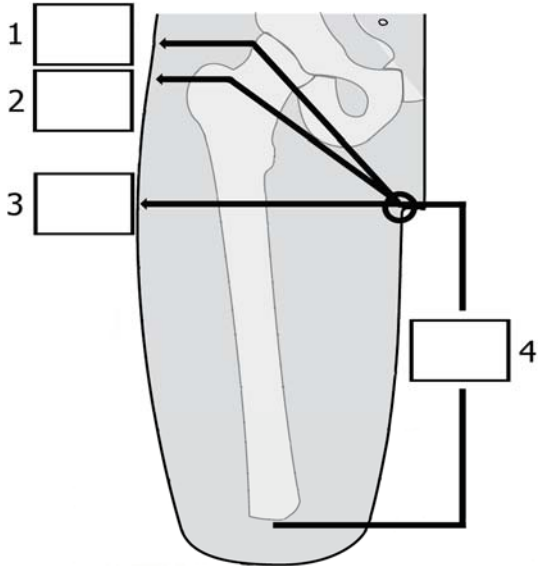
Measurements taken with patient **SITTING** or **STANDING**



- Carving Only
- Test Socket Only
- Test Socket & Carving
PETG or Orfitrans Stiff
- Dummy
 - Kiss
 - Bulldog
 - 4SN1
- None

- Attachment
 - 4 Hole Plate
 - 3 Prong (M or F)
- None

Supply Lock
Y or N



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)

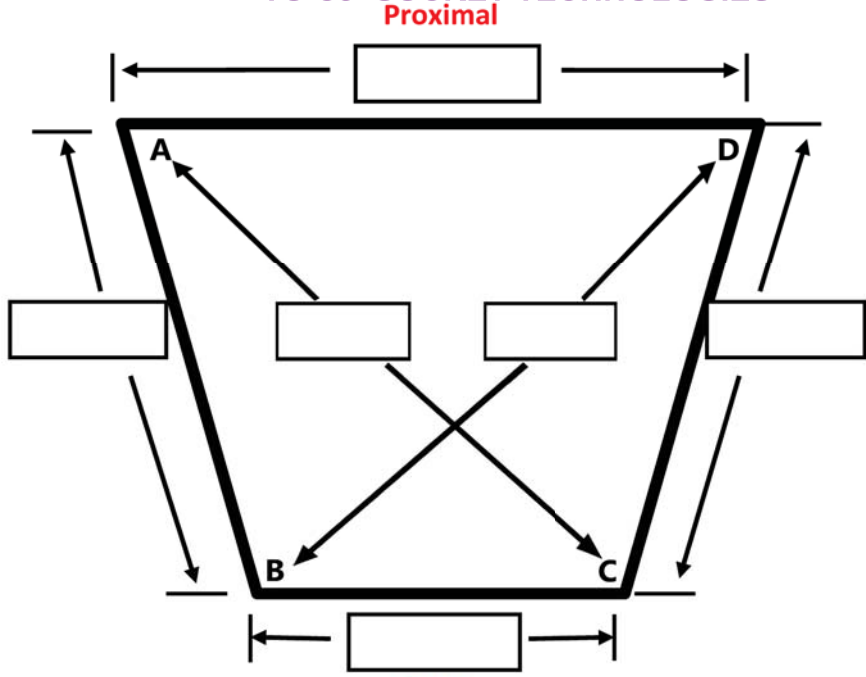
Special Instructions: _____

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

Internal use only
 Serial # _____
 Date in _____
 Date out _____
 TFB _____

Inches
 CM

Indicate:
 Medial or Lateral



Indicate:
 Medial or Lateral