

STAR® Family of Cranial Remolding Orthoses Order Form



PATIENT INFO (PHI)	Patient ID (REQUIRED) _____		PRACTITIONER INFO	Practitioner Name _____	
	Date of Birth (REQUIRED) _____	Corrected Age in Months _____		Practitioner Email _____	
	Date of Scan/Cast (REQUIRED) _____			Phone _____	Fax _____

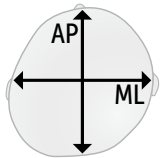
SCAN	Make/Model of Scanner _____	Case ID (SMARTSOC® ONLY) _____	CAST	TYPE OF MODEL SENT	
				Unmodified Cast Impression	Positive Modified Mold
				Modified Cast Impression	Positive Unmodified Mold

SHIPPING INFORMATION	PO Number _____	CARRIER	SERVICE
	Facility _____	UPS	2 Day Air
	Ship to Address _____	FedEx	Overnight
	City _____ State _____ Zip _____	Other _____	Other _____
	Bill to Address _____		Need by Date _____
	City _____ State _____ Zip _____		

Orders will be shipped 5 days after the Order Date if the order was placed before 12 p.m. Eastern Time • Cranial Remolding Orthoses must be fit within 14 days of scanning/casting to ensure effective fit and function. The scan/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 scan/cast, measurements, or paperwork.

PATIENT DATA

Hand Measurements of Baby's Head Over Stockinette



Head Circumference (above eyebrows and ears) _____
 Caliper Measurement of Width (ML) _____
 Caliper Measurement of Length (AP) _____

NOTE: Take each measurement three times to ensure accuracy. Inaccurate measurements may cause your scan/cast to be rejected. Follow the measurement techniques in the Practitioner Instructions to ensure that measurements are consistent and will match Orthomerica's measurements.

FOR MODIFIED MOLDS ONLY	
POSITIVE UNMODIFIED	POSITIVE MODIFIED
_____	_____
_____	_____
_____	_____

Flattening Check boxes that apply to the head shape (> = Greater than)

OCCIPITAL AREA	PARIETAL AREA	FRONTAL AREA	EAR ALIGNMENT
Right Flattening > Left	Right Flattening > Left	Right Flattening > Left	Right Anterior Shift
Left Flattening > Right	Left Flattening > Right	Left Flattening > Right	Left Anterior Shift
Bi-lateral Flattening	Bi-lateral Flattening	Bi-lateral Flattening	No Ear Shift
N/A	N/A	N/A	N/A

Diagnosis

POSITIONAL

- Plagiocephaly
- Brachycephaly
- Asymmetrical Brachycephaly (Combo)
- Scaphocephaly
- Asymmetrical Scaphocephaly

TORTICOLLIS

- None
- Right
- Left

POST SURGICAL

- Cranial Vault Remolding
- Endoscopic Strip Craniectomy

SUTURE TYPE (Surgical Diagnoses Only)

- | | | |
|---------------|----------------|----------|
| Right Coronal | Right Lambdoid | Sagittal |
| Left Coronal | Left Lambdoid | Metopic |
| Bi-Coronal | Bi-Lambdoid | |

Date of Surgery _____ Surgical Complications _____

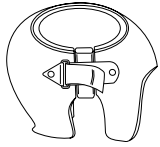
Other Diagnosis & Syndromes _____

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(i) Default options appear in **bold**.

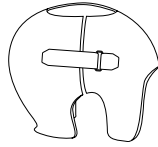
SELECT PRODUCT

Side Opening, Open Top



STARband®

- 5/32" Copolymer shell
- 1/2" Pelite® Liner
- Stop Gap Foam Insert
- Hook & Loop Closure



STARlight™

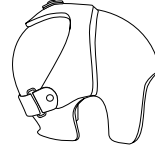
- 1/4" Surlyn™
- AliPlast™ Pads
- Hook & Loop Closure

Bi-Valve



STARband Bi-Valve

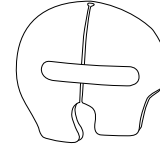
- 5/32" Copolymer shell
- 1/2" Pelite Liner
- Hook & Loop Closure



STARlight Bi-Valve

- 1/4" Surlyn
- AliPlast Pads
- Hook & Loop Closure

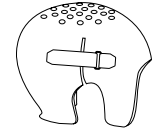
One Piece, Living Hinge



STARband Plus™

- 5/32" Copolymer shell
- 1/2" Pelite Liner
- Hook & Loop Closure

One Piece, Living Hinge FOR ENDO POST-OP ONLY



STARlight PRO

- 1/4" Surlyn for head circ. under 18", over 18" gets 3/8"
- AliPlast Pads, Reston™ Padding
- Hook & Loop Closure

FINISHING

TRIM LINES

Default

- Long Trim Lines
- Default w/Small Ears
- Provided by Practitioner (Pre-Modified Casts Only)

SIDE OPENING

Side Opposite Posterior Flattening

- Left
- Right

TOP OPENING

Determined by Orthomerica Based On Head Shape

- Oval Shape
- D-Trim

NECK MODIFICATION

Defined Sub-Occipital Groove

- Neck Smoothed and Left "As is"

STARBAND LINER/PADS

1/2" Pelite

- 1/2" AliPlast
- (2) 1/4" AliPlast Layers (Additional charge)

STARBAND PLUS PADS

1/2" Pelite

- 1/2" AliPlast
- 1/4" AliPlast
- (2) 1/4" AliPlast (Additional charge)
- (4) 1/8" AliPlast (Additional charge)

STARLIGHT PRO PADS (PRO Models Only)

1/8" AliPlast

- 3/16" AliPlast
- Optional Eurion Pads (Metopic Suture Only)

OPTIONAL HOLDING CAPS

- Anterior Right
- Anterior Left
- Posterior Right
- Posterior Left

TRANSFER PATTERN

None

Transfer Name _____
STARband Only

STRAP TRANSFER PATTERN

None Match Band

Transfer Name _____
STARband Only

FINISH

Trimmed and Finished

- Blank on Mold
- Blank on Mold and Split

CHAFE ATTACHMENT

- Anterior to Opening
- Posterior to Opening
- Do Not Attach

STRAP TYPE

(STARlight Side Opening, STARlight PRO only)

Adhesive Backed Velcro®

- Tamper Resistant (Adhesive Backed Velcro)

MODIFICATIONS

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

PRIMARY ASYMMETRY MODIFICATIONS

- Posterior
- Anterior

POST-OP SURGICAL MODIFICATIONS

(post-op only, not including STARlight PRO)

Correct Asymmetry and Cephalic Ratio to _____ %

Correct Asymmetry Only

Correct Cephalic Ratio to _____ %

No Modification

STARLIGHT PRO MODIFICATIONS

Standard Endoscopic Mods

Other (describe below)

What number STARlight PRO will this be for the patient? _____

RETURNS

POSITIVE MOLD

- No Mold Returned
- Return Modified Mold
- Return Unmodified Mold

COMMENTS