

## PATIENT

Last Name/Patient ID

First Name

DOB        /        /        ☐ Male    ☐ Female

Weight                      Height

Dx

## COMPANY

Name

Contact Name

Phone                      Fax

E-mail

## BILLING / SHIPPING

**BILLING** Address

City

ST/Prov                      Zip

Shipping address same as billing?    ☐ Yes    ☐ No

**SHIPPING** Address

City

ST/Prov                      Zip

PO #

Order confirmation:    ☐ Fax    ☐ E-mail

## FedEx SHIPPING OPTIONS

### Need by Date

☐ Ground® .....FREE

☐ 2 Day® A.M. 10:30 a.m. or noon 2nd business day .....\$30.00

☐ Priority Overnight® 10:30 a.m. next business day .....\$55.00

☐ First Overnight® 8:00 a.m. next business day .....\$100.00

## CASTS

Sending Casts:    ☐ Yes    ☐ No

☐ Return impressions pre-modifications \$20.00/pr.

Send casts: 17530 Dugdale Dr. South Bend, IN 46635

## MEASUREMENTS

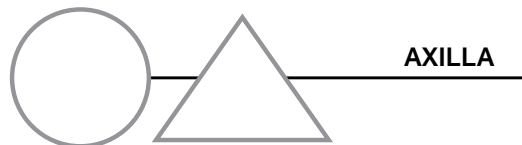
AXILLA

XYPHOID

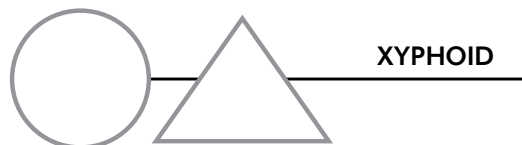
CLEARLY MARK  
POINT OF DEFORMITY

● Circumference

▲ M/L



AXILLA



XYPHOID

## SCANS ARE REQUIRED

### Accepted files for scanning

» STL files are generic 3D file extensions used throughout the industry.

» Captevia files come from a structure sensor attached to an iPad and scanned using the Rodin 4D Captevia app.

*Scan files must be submitted with a completed orthometry form (o-form) and measurements. The scan file must match the PO number provided on the measurement form.*

## NOTES