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MyCRO Band. Patient Information and Order Form.

Order Informa	ation	
Purchase Order		
Individual Labeling		
Facility Name		
Practitioner Name		
Patient Status New I	Returning	%bock.
Patient ID		
Estimated Ship Date		
Shipping Options	oping Ground 2-Day	
Order Type Cranial Measurement Report Order	Cranial Helmet	
Patient Information		
Date of Birth		
Number of premature weeks*		
*This process is only valid for children, whose corrected age (taking account of premature birth weeks) is between 3 and 18 months.		
Gender	Female Male	
Condition	Brachycephaly	Plagiocephaly right side
	Asymmetric Brachycephaly right sideAsymmetric Brachycephaly left side	Plagiocephaly left side
Torticollis	Yes No	
	ies ivo	
Date of Scan		
Scanner Used	Ottobock EasyScan	Artec Eva or Eva lite
	Creaform Peel 1 or Peel 2	
Physical measurement patient head*	cm	
*Wrap the tape around the widest possible circumferen - Broadest part of the forehead above eyebrow - Above the ears - Most prominent part of the back of the head	ce of the head:	
Special Instructions / Comments		

Phone: 800 328 4058 • Fax: 800 810 7994

Email: iFabSLC@ottobock.com

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MyCRO Band.

Patient Information and Order Form.

Product (only needed when ordering a helmet)

Color of External Frame









Pink

Color of Inner Lining



Berry



Number of additional inner linings (2 are included)

Number of additional elastic bands (2 are included)

Emblem (only needed when ordering a helmet)





Cat



Bow



Bunny



Butterfly



Car



Elephant



Feet



Flowers



Soccer ball



Fox



Frog



Giraffe



Hedgehog



Helicopter



Koala bear



Owl



Panda bear



Penguin



Snail



Star



Teddy bear



Tractor



Unicorn



Whale



Excavator



Dump Truck



Duck



Donkey



Dog



Dog Face



Deer



Crown



Cloud

Lion



Chick

Fish





Boat

Fabrication Facility: 3820 West Great Lakes Drive, Salt Lake City, UT 84120 For more information please visit our web site at shop.ottobock.us