

kinderBAND™ Order Form

Cranial helmets must be fit within 14 days of being scanned or cast

Infant's Name: _____ Date Needed: _____
 Date of Birth: _____ Diagnosis: _____
 Corrected Age in Months: _____ Practitioner: _____
 Gender: Female Male Facility Name: _____
 Physician: _____ Shipping Address: _____
 Date of Scanning/Casting: _____
 Billing Address: _____
 _____ Telephone: _____ Fax: _____
 P.O #: _____ Shipping: UPS Next Day 2nd Day Ground

Type of Model: Scan - Modified Negative Impression – Modified* Positive Mold - Modified
 Scan - Unmodified Negative Impression – Unmodified*
Send All Clinical Photos: Front/Back Left/Right Top

**Attach Anterior & Posterior photos of infant in the cast. Casts must meet BioSculptor Quality Control standards. Please contact us if you would like to view our casting protocol.*

IMPORTANT: See Key Measurement Form for instructions (Please complete MANDATORY measurements for manufacturing purposes. Optional measurements are for reporting purposes)

Eurion to Eurion 1. _____
 Zygion to Zygion 2. _____
 Inferior to Zygomatic arch 3. _____
 Max. & Min. Diagonal Diameter 4L. _____ 4R. _____ **MANDATORY**
 Glabella to inf. to Occipital Protuberance 5. _____
 Exocanthion to Tragion 6. _____
 Head Circumference (above eyebrows) 7. _____ **MANDATORY**

Head Shape (check all boxes that apply) *Deformation must be of nonsynostotic origin or post surgical correction*

Occipital Area: Flattening bilaterally R>L L>R
 Parietal Area: Flattening right Flattening left Biparietal narrowing
 Ears: Right anterior ear shift Left anterior ear shift
 Head Height: Increased right Increased left Increased posterior
 Frontal Area: Flattening right Flattening left Frontal bossing
 R>L L>R
 Other: Right orbit anterior Left orbit anterior Narrowed fissure
 Right malar eminence Left malar eminence R L

Modification: (check one)

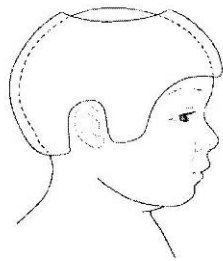
Correct asymmetry; Correct proportion to projected circumferential head growth
 Full Correction of asymmetry and cranial vault height asymmetry
 Correct asymmetry only

Primary Asymmetry Modification: Posterior Anterior
Neck Modification: Defined Sub-Occipital Groove Neck Smoothed and Left "As Is"

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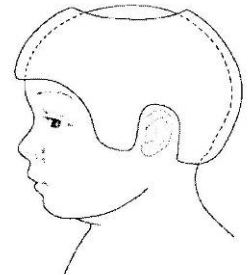
Check the appropriate box below. Defaults are in ***BOLD ITALICS***

- Trimlines: ***As illustrated below:***
- Side Opening: ***Side opposite of posterior flattening*** Same side of posterior flattening Other
- Top Opening: ***Oval*** D-Trim BioSculptor to determine by head shape
- Optional Holding Caps: Anterior Right Anterior Left Posterior Right Posterior Right



Right Lateral

Default trimlines will be used unless indicated on surrounding diagrams. Please also indicate any special instructions below:



Left Lateral

Material: ***Standard Helmet: 3/16" white copolymer - 1/2" layer white polyethylene foam - 1 1/2" Dacron strap***

Transfer design: ***None*** Yes: Transfer # _____ (Designs and #s shown on Order Form - Pg 3)

- Finish: ***Trimmed & Finished*** Blank on Mold and Split
- Chafe Attachment: ***Anterior to slot opening*** Posterior to slot opening Do not attach

Head Shape (modifications specified by Practitioner)

- | | | | | | | | |
|-----------------|--------|-------------------------------|-------------------------------|---------------------------------|--------------------------------|--|--|
| Occipital Area: | Bilat: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | <input type="checkbox"/> <8mm | <input type="checkbox"/> <10mm | <input type="checkbox"/> <12mm |
| | R: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | <input type="checkbox"/> <8mm | <input type="checkbox"/> <10mm | <input type="checkbox"/> <12mm |
| | L: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | <input type="checkbox"/> <8mm | <input type="checkbox"/> <10mm | <input type="checkbox"/> <12mm |
| Parietal Area: | R: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | | | |
| | L: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | | | |
| Frontal Area: | R: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | | | |
| | L: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | | | |
| Par. widening: | R: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | Torticollis: | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| | L: | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | | <input type="checkbox"/> Constant radius (U shape) | <input type="checkbox"/> Smooth as presented |
| Head Height: | | <input type="checkbox"/> +R | <input type="checkbox"/> +L | <input type="checkbox"/> + Post | <input type="checkbox"/> + Ant | | |
| | | <input type="checkbox"/> <2mm | <input type="checkbox"/> <4mm | <input type="checkbox"/> <6mm | <input type="checkbox"/> <8mm | <input type="checkbox"/> <10mm | <input type="checkbox"/> <12mm |

Send Instructions

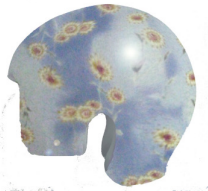
- Checklist - Items to Send**
- Order Form
 - Scan or Cast
 - All Photos – Clinical & Cast

Electronic: www.noplaster.com

Mail: BioSculptor
2480 West 82nd Street, 1A
Hialeah, Florida 33016

Contact:
T 877.246.2884
F 305.823.8304

kindergarten BAND™



Sunflower
CL-1



Butterflies
CL-2



Small Butterfly Purple
CL-3



Small Butterfly Blue
CL-4



Digital Camouflage
CL-5



Jumbo Elephants
CL-6



Jungle Animals
CL-7



Martians
CL-8



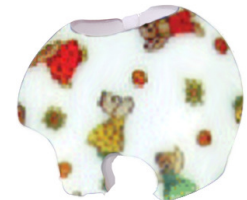
Dark Sky
CL-9



Fly & Drive White
CL-10



Fly & Drive Blue
CL-11



Little Bear, White
CL-12



Light Pink
CL-14



Military 2 Camouflage
CL-15



Ice Age
CL-16

Transfer Paper: NOTE – Due to heat and plastic, transfer patterns may appear slightly different on helmet.