kinder BAND Order Form Cranial helmet

Infant's Name: _		Date Needed:					
Date of Birth:		Diagnosis:	Diagnosis:				
Corrected Age in	Months:	Practitioner:	Practitioner:				
Gender: Female Male		Facility Name:	Facility Name:				
Physician:		Shipping Address:	Shipping Address:				
Date of Scanning	/Casting:						
Billing Address: _		-					
	·	Telephone:	Fax:				
P.O #:		Shipping: UPS Next Day 2nd Day Ground					
Send All Clinical Ph *Attach Anterior & I	Scan - Unmodified Nego	ative Impression – Unmodifi Left/Right Top t. Casts must meet BioSculpton					
	Key Measurement Form for instr prposes. Optional measurements						
Glabella to inf. to Exocanthion to Tr	2 atic arch 3 onal Diameter 4L Occipital Protuberance 5 agion 6	4R	_ _ MANDATORY _				
Head Shape (che	ck all boxes that apply) Deformat	tion must be of nonsynostotic	origin or post surgical correction				
Occipital Area:	☐ Flattening bilaterally						
Parietal Area:	☐ Flattening right	☐ Flattening left	☐ Biparietal narrowing				
Ears:	☐ Right anterior ear shift	Left 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☐ Right malar eminence	Left orbit anterior Left malar eminence	☐ Narrowed fissure ☐ 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 ☐ Defined Sub			Anterior 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:	Left	R	ght				
Top Opening:	☐ Oval	□ D	-Trim	☐ BioSculptor to de	termine by head shape		
Optional Holding Caps:	☐ Anterior R	ight 🗌 A	nterior Left	☐ Posterior Right	☐ Posterior Right		
	Right La	cat	ed on surroun	s will be used unless indi ding diagrams. Please a cial instructions below:			
Material: Standard	77		ner - ½" lave	r white polyethylene f	Salestadores de reconstrucción de seculo de se		
Material: Standard Helmet: 3/16" white copolymer - ½" layer white polyethylene foam - 1 ½" 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	☐ Post	erior to slot opening	Do not attach		
Head Shape (modifications specified by Practitioner)							
•	silat:	□<4mm □<4mm □<4mm	□<6mm □<6mm □<6mm	□<8mm □<8mm □<10mr □<8mm □<10mr	=		
Parietal Area: R	2:	□<4mm □<4mm	□<6mm □<6mm				
Frontal Area: R	2:	□<4mm □<4mm	□<6mm □<6mm				
<u> </u>	R:	□<4mm □<4mm	□<6mm □<6mm		ight Left Constant radius (U shape)		
Head Height:	☐ +R ☐<2mm	☐ +L ☐<4mm	☐ + Post ☐<6mm	☐ + Ant ☐<8mm ☐<10mr	mooth as presented n □<12mm		
Send Instructions Checklist - Items to Order Form Scan or Cast		Electronic: www.noplasta	er.com	<u>Mail:</u> BioSculptor 2480 West 82 nd Street, Hialeah, Florida 33016	<u>Contact:</u> T 877.246.2884 1A F 305.823.8304		

kinder Transfer Patterns



Sunflower CL-1



Small Butterfly Blue *CL-4*



Jungle Animals CL-7



Fly & Drive White CL-10



Light Pink CL-14



Butterflies CL-2



Digital Camouflage *CL-5*



Martians CL-8



Fly & Drive Blue



Military 2 Camouflage CL-15



Small Butterfly Purple CL-3



Jumbo Elephants CL-6



Dark Sky CL-9



Little Bear, White CL-12



Ice Age CL-16

NOTE – Due to heat and plastic, transfer patterns may appear slightly different on helmet and strap. Patterns are subject to change without notice.

