

The Ballert Cranial Molding Helmet ORDER FORM

Child's Name: _____ Physician: _____
 Date of Casting/Scanning: _____ Date Needed: _____
 Facility Name: _____ Practitioner: _____
 Billing Address: _____ Shipping Address: _____

 Telephone: _____ Fax: _____
 P.O. # _____ Method of Shipping: _____

Type of model sent: Modified Negative Impression Unmodified Negative Impression
 Modified Positive Mold

Check the appropriate box below. Defaults are in ***bold italics***.

Materials: ***3/16" white copolymer with two layers of 3/16" white polyethylene foam with 1 1/2" Dacron strap***
 Solid color (see reverse)

Liner: ***Two layers of 3/16" white polyethylene foam liner***
 Other _____

Side Opening: ***Side opposite of posterior flattening*** Same side of posterior flattening
 Other _____

Chafe Attachment: ***Anterior to slot opening*** Posterior to slot opening

Trimlines: ***As illustrated on measurement form*** Custom: Trimlines marked on impression

Transfer design (see reverse) Chin strap

Return Impression: ***Do not return any impression*** Return impression of unmodified cast
 Return impression of modified cast

Shipping: ***Second-day air*** Ground Overnight Other _____

HEAD SHAPE (check all that apply)

Deformation must be of nonsynostotic origin or post surgical correction

Occipital Area	<input type="checkbox"/> Flattening bilaterally	<input type="checkbox"/> R>L <input type="checkbox"/> L>R	
Parietal Area:	<input type="checkbox"/> Flattening right	<input type="checkbox"/> Flattening left	<input type="checkbox"/> Biparietal narrowing
Ears:	<input type="checkbox"/> Right anterior ear shift	<input type="checkbox"/> Left anterior ear shift	
Head Height:	<input type="checkbox"/> Increased right	<input type="checkbox"/> Increased left	<input type="checkbox"/> Increased posterior
Frontal Area:	<input type="checkbox"/> Flattening right	<input type="checkbox"/> Flattening left	<input type="checkbox"/> Frontal bossing
			<input type="checkbox"/> R<L <input type="checkbox"/> L>R
Other:	<input type="checkbox"/> Right orbit anterior	<input type="checkbox"/> Left orbit anterior	<input type="checkbox"/> Narrowed fissure
	<input type="checkbox"/> Right malar eminence	<input type="checkbox"/> Left malar eminence	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> NA

Advisory: The turnaround time for modified cast impressions is 3 days from the date the cast is received at Ballert and 4 days for unmodified impressions. It is strongly recommended that the patient is fitted and wearing the helmet within 2 weeks of the casting date to ensure proper fit.



Ballert Cranial Molding Helmets

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Solid Colors:

White (standard)

- Black
- Flesh
- Fluorescent pink
- Pink
- Fluorescent green
- Royal blue
- Baby blue
- Brown
- Red
- Purple

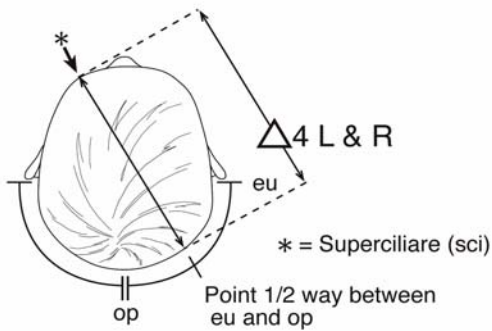
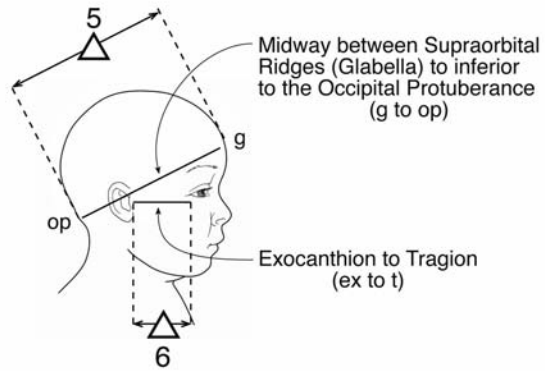
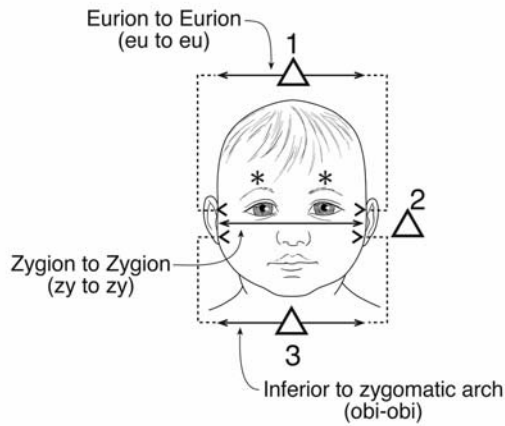
Patterns (optional):

- Ocean (#29)
- Abstract pink (#3)
- Liberty (#32)
- Animals and blocks (#5)
- Butterflies (#8)
- Purple Butterflies (#15)
- Chicks (#2)
- Camouflage (#9)
- Elephants (#19)

- Denim (#30)
- Jungle Animals (#1)
- Optical illusion (#11)
- Planets (#13)
- Flesh (#12)
- Spaceships (#7)
- Fly & Drive No. 1 (#33)
- Love & Peace (#31)
- Sky (#34)
- Tornado (#18)
- Pop Art (#16)

(See design sheets for illustrations)

Key Measurements: Please take all of the measurements indicated below and enter them in the appropriate balnks.



1. _____ 5. _____

2. _____ 6. _____

3. _____ Optional Measurements:

4L. _____ 7. Circumf. at equator of skull _____

4R. _____ 8. Linear meas. ear ctr. to ear ctr. over top: _____

Occipital flattening

Frontal flattening

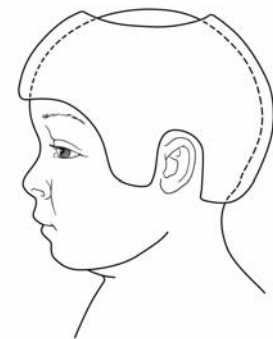
R	
R	

L	
L	



Right Lateral

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



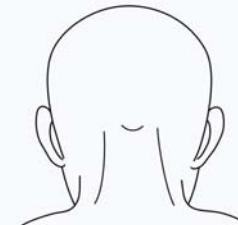
Left Lateral



Anterior



Axial



Posterior