

PATIENT INFORMATION

 Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

ORDER INFORMATION

PO#: _____

GENERAL FILE TRANSFER USING WETRANSFER.COM (GDPR Compliant)

Scan Type:

- ☐ Direct Scan of Patient
☐ Scanned Positive Mold
 ☐ Modified ☐ Unmodified
☐ Scanned Outside of Negative Mold
 Mold Thickness _____ mm

STEP 1: SCAN MODEL

1. Scan model with units set to millimeters (mm).

IMPORTANT: The adduction/abduction position of the forefoot will not be altered during production and the width of the metatarsal heads taken from the positive model will be assumed to have been captured in the mold in simulated weight bearing.

STEP 2: SEND ALL FILES USING WE TRANSFER

Transfer your 3D model, Becker order form and **AFO From Scan Orthometry Form** to Becker Central Fabrication using only WeTransfer.com. Using this protocol will help to ensure on-time delivery of your order.

1. Set the units for export of your 3D model to millimeters (mm).
2. Export and save your file as an **STL** or **OBJ** file type.
3. Rename the file using the Patient Name as the file name with the STL file extension.
4. Transfer all files to Becker Central Fabrication using WeTransfer <https://wetransfer.com>
5. At the prompt enter the following information:

Email to: cfabcustomerservice@beckerorthopedic.net

Your email: _____

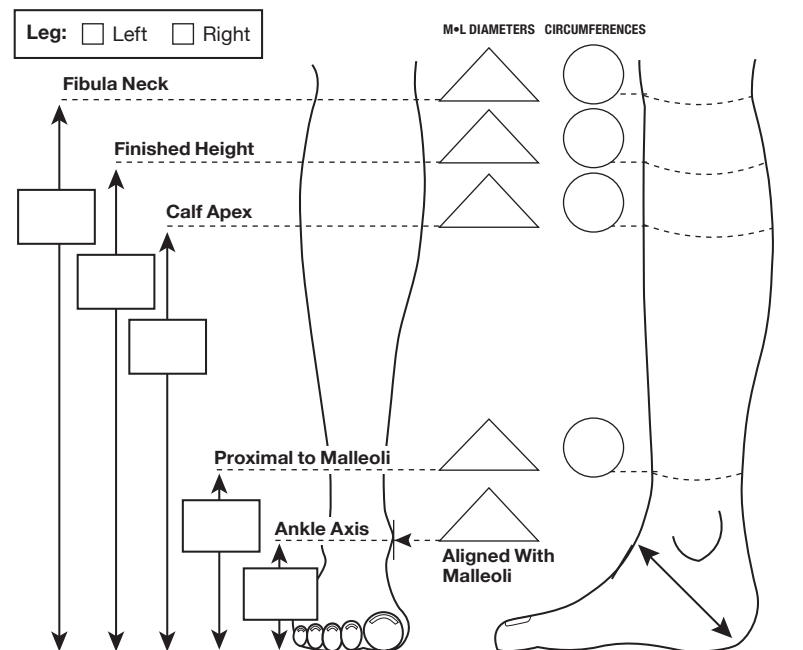
Message: Patient Name

Send as: Email Transfer

Click: + Add your files (Attach your Becker order form, file transfer protocol form with positive model measurements and .STL or .OBJ file). Click: Transfer (You will receive an email confirmation that your files were successfully received).

Note: WeTransfer is a simple and reliable way to transfer your files to Becker Central Fabrication. The platform is based in the Netherlands and available in 195 countries. Though WeTransfer is not HIPAA compliant, the file transfer does comply with the Dutch Personal Data Protection Act and is based on the E.U. Privacy Directive (95/46/EC) which is a stricter security protocol than HIPAA.

PRACTITIONER SHIPPING INFORMATION

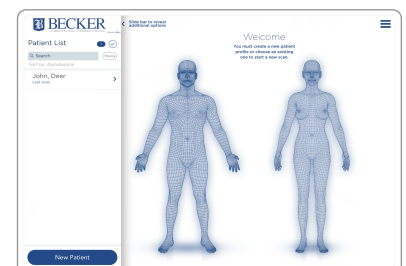
 Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____


BECKER 3D APP FILE TRANSFER WITH STRUCTURE SCANNER (HIPAA Compliant)



Becker Orthopedic 3D Medical

GET



Note: AFO From Scan Orthometry Form not required when using Becker 3D App.