

## OHI1Scan Account Setup Guide

- Go to the marketing fuel on salesforce to access the **OHI1Scan SET UP REQUEST FORM**
- Fill out the OHI set-up request form and email it to [ohi1scan.request@ohi.net](mailto:ohi1scan.request@ohi.net).

**OHI1SCAN** **SET UP REQUEST FORM**

Please complete this form and email to: [ohi1scan.request@ohi.net](mailto:ohi1scan.request@ohi.net)  
 Note: Please indicate the brand in the subject of the email.

Submitted by: Anne-Marie Amatulli Brand: Langer

Date: July 21, 2022

Name of Practice: Foot and Ankle Surgeons of NY

Practitioner(s) Name: Dr. DeLucia

Email address: gabi@faasny.com Phone#: 1-866-322-7691

Please check off all OHI companies currently affiliated with this clinic:

The Orthotic Group - acct# \_\_\_\_\_  Apex - acct# \_\_\_\_\_

SafeStep - acct# \_\_\_\_\_  PedAlign - acct# \_\_\_\_\_

Langer - acct# 20704909  AZ AFO - acct# \_\_\_\_\_

**Important Note:** If a clinic has multiple locations and multiple accounts with OHI. It is best to register an individual email for each location regardless if they have multiple businesses with OHI. (This will prevent confusion in OE, and shipping)

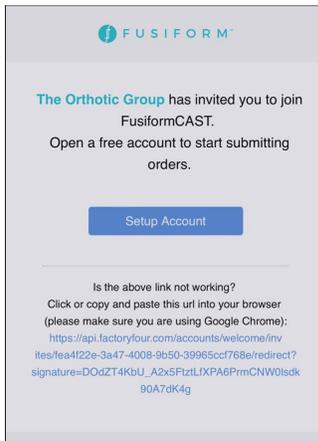
- The email address provided on the form can be personal or company email.
- The email provided will be used to initiate the registration and create the owner credentials (Username and Password) to be used on the Fusiform website.
- The username will be the email address provided by the clinic.

**Sales Rep should let the Customer know that: After the invitation is submitted to Fusiform the clinic will receive the registration email from FusiformCAST [contact@fusiform.co](mailto:contact@fusiform.co).**

Note: If the Customer does not receive the email in the INBOX within an hour, ask them to check the SPAM/JUNK folders.

When the Customer receives the email:

- The business unit name may vary depending on which OHI business they are joining.
- Click the Link.



- The clinic will need to fill out the information required (Creating a password), then click **Next**

company logo  
FusiformCAST Sign-Up

**Clinic Profile**  
gbolima2014@yahoo.ca

First Name REQUIRED  
Ex: Jane

Last Name REQUIRED  
Ex: Doe

Password REQUIRED  
Check icon for requirements

Repeat Password REQUIRED  
Passwords must match

Phone REQUIRED  
Ex: xxx-xxx-xxxx

**NEXT**

- The clinic will need to fill out the information required ( Clinic information), then click **Submit**

company logo  
FusiformCAST Sign-Up

**Organization Info**

Organization Name REQUIRED  
Ex: ClinicCo

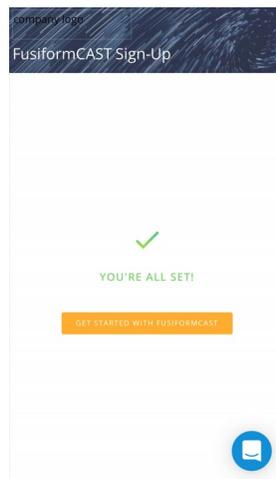
Street Address  
Ex: 123 North Charles St

City  
Ex: Baltimore

State  
Ex: MD

Zip  
Ex: 21201

**BACK** **SUBMIT**



If the clinic has multiple businesses (**Accounts/brands or brand accounts**) with OHI:

- ❖ They will receive multiple registration emails based on what was submitted, but they only need to register one business (**email/link, account type/brand?**).

- ❖ After registering the first business (**email/link, account type/brand?**), they just need to open and click the link in the rest of the email invites and ignore the Error message they get.
- ❖ Go to the Fusiformcast App on the iPad and log in. If all the forms are not accessible, they should log off and log back in to refresh the order forms.

If any other issues occur please email [techsupport@tog.com](mailto:techsupport@tog.com) or email fusiform at [support@fusiform.co](mailto:support@fusiform.co) for further assistance.