

CHEETAH SMO | F1933

WORK ORDER #: (LAB USE ONLY)

	0.10 1.2000	, ,
PCC #:		CLINICIAN:
BILL TO:		PREFERRED METHOD OF CONTACT: CELL
ADDRESS:		☐ TEXT ☐ EMAIL ☐ NG MOBILE
ADDICESS.		PATIENT ID:
		HEIGHT: WEIGHT:* AGE:
SHIP TO: SAME AS BILLING		MALE FEMALE *Cast required if over 80lbs
ADDRESS:		☐ LEFT ☐ RIGHT ☐ BILATERAL
		NG ENCOUNTER #:
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)		MEASUREMENT DATE:
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A) ☐ OTHER:		IN-OFFICE REQUEST DATE & TIME: PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)
		□ ORLANDO (scootz) □ PHOENIX □ ROCHESTER
MEASURMENTS (REQUIRED)		DESIGN
RIGHT SIDE	LEFT SIDE	Footplate Modifications □ None □ Mild □ Aggressive
PROXIMAL WIDEST CALF MET-HEAD LATERAL VIEW MET-HEAD MET-HEAD MET-HEAD MET-HEAD MET-HEAD MET-HEAD MET-HEAD MET-HEAD		Right Ankle Alignment Neutral As Casted Neutral As Casted Neutral As Casted Left Ankle Alignment Neutral As Casted Left Heel Alignment Neutral As Casted Neutral As Casted Neutral As Casted Neutral As Casted FOREFOOT ALIGNMENT Please indicate finished post height – inches or centimeters RIGHT VALGUS VARUS NEUTRAL NEUTRAL NEUTRAL VARUS VALGUS DORSAL EXTENSION CONTROL FOREFOOT RIGHT STD-NO BOT ALIGNMENT PORSAL EXTENSION CONTROL FOREFOOT LEFT STD-NO BOT AL
Std Strapping Shown Abo	ove Finished Length	Additional Padding
		Socks Additional Quantity