HFN

SMO Cheetah | F1933

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:
BILL TO:	PREFERRED CONTACT METHOD:
ADDRESS:	PATIENT ID:
	HEIGHT: WEIGHT: AGE:
CUITA TO: TI CAME AC DIVITALO	DIAGNOSIS:
SHIP TO: SAME AS BILLING	AFFECTED SIDE (Check One)
ADDRESS:	☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	NG ENCOUNTER #:
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)	MEASUREMENT DATE:
OTHER:	IN-OFFICE REQUEST DATE & TIME:
HFN: ☐ ORLANDO (scootz) ☐	HOUSTON OTHER
PATIENT MEASUREMENTS (REQUIRED)	MATERIAL
RIGHT LEG LEFT LEG	Plastic Type ☐ Polypropylene
AT AT	Copolymer
n/a FINISHED HT (n/a)	Modified Polyethylene
	Thickness □ 3/32" □ 1/8" □ Other
	MODIFICATIONS
MALLEOUS ML	Footplate: None Mild Aggressive ALIGNMENT
	Right Foot Left Foot
	Ankle Alignment Neutral As Casted Neutral As Casted
MET-HEAD ML	☐° Dorsi ☐/Plantar ☐ ☐° Dorsi ☐/Plantar ☐
	Heel Alignment
DEVICE MEACHIDEMENTO (DECUMPED)	□ Neutral □ As Casted □ Neutral □ As Casted Forefoot Alignment
DEVICE MEASUREMENTS (REQUIRED)	$\mathcal{N}(\mathcal{N}) = \mathcal{N}(\mathcal{N}) = \mathcal{N}(\mathcal{N}) = \mathcal{N}(\mathcal{N}) = \mathcal{N}(\mathcal{N}) = \mathcal{N}(\mathcal{N})$
LATERAL MEDIAL	
FINISHED FINISHED HEEL TO	VALGUS VARUS NEUTRAL NEUTRAL VARUS VALGUS
DORSUM	o o o o
FINISHED ()	FOREFOOT TRIMLINE
neight — — — — — — — — — — — — — — — — — — —	EXT BE EXTREME.
	STD-NO EXT DATERAL EXT BOTH EX
	Dorsal Wrap: ☐ Yes ☐ No
	FINISHING
	Pattern Transfer: Option 1 Option 2
FINISHED FINISHED FOOT FINISHED LATERAL TRIM PLATE LENGTH MEDIAL TRIM	Additional Padding Posting
	☐ Navicular ☐ None ☐ Full Plantar ☐ Other ☐ Heel & Midfoot
NOTES	Other Heel Post Heel & Midfoot
	☐ Finished ☐ Unfinished (send straps unattached) ☐ None
	Straps: White Other
	Socks: Additional Quantity