

BILL TO: _____

ADDRESS: _____

SHIP TO: _____

ADDRESS: _____

SAME AS BILLING

PRACTITIONER: _____

PHONE #: _____

PATIENT NAME: _____

HEIGHT: LEFT MALE

WEIGHT: RIGHT FEMALE

AGE: BILATERAL

OPS INVOICE/NG ENCOUNTER: _____

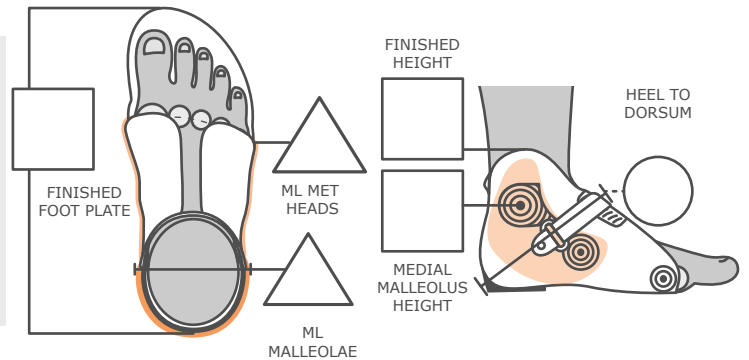
DATE OF SERVICES: _____

IN-OFFICE REQUEST DATE: _____

EARLY AM AM SATURDAY

SMO-STANDARD

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- 5/32" Polypropylene (Adult)
- 3/32" Copolymer (Pediatric)
- 1/8" Aliplast Pad
- Buildups +1/8
- Plantar Mod-STD
- Full Footplate
- Standard Forefoot trim
- 1 1/2" Proximal Strap
- White Velcro
- Chafe Medial
- 1" Dorsal Strap



VARIATIONS

CAST

ANKLE DF _____ °
 PF _____ °

HEEL IN _____ °
 EV _____ °

FOREFOOT SUP _____ °
 PRO _____ °

90° OTHER
 3/16
 1/4
 1/8

MODIFICATIONS

+ / BUILDUPS	LOCATION	- / REDUCTIONS	LOCATION
	<input type="checkbox"/> 1/8 _____		<input type="checkbox"/> 1/8 _____
	<input type="checkbox"/> 5/32 _____		<input type="checkbox"/> 5/32 _____
	<input type="checkbox"/> 3/16 _____		<input type="checkbox"/> 3/16 _____
	<input type="checkbox"/> 1/4 _____		<input type="checkbox"/> 1/4 _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

TRIMLINES

FOOTPLATE	<input type="checkbox"/> METS	FOREFOOT	<input type="checkbox"/> EXTENDED LATERAL
	<input type="checkbox"/> SULCUS		<input type="checkbox"/> EXTENDED MEDIAL
	<input type="checkbox"/> OTHER _____		<input type="checkbox"/> NO DORSAL WRAP
			<input type="checkbox"/> OTHER

MATERIAL SELECTION

TRANSFER: NONE DESIGN _____

PLASTIC POLYPROPYLENE
 COPOLYMER
 POLYETHYLENE

THICKNESS 5/32
 3/16
 1/4
 1/8

PADDING ALIPLAST
 PLASTAZOTE
 PE-LITE
 OTHER

THICKNESS 5/32
 3/16
 1/4
 1/8

LOCATION _____
 LATERAL
 MEDIAL
 FULL

FINISH UNFINISHED

STRAPS LEATHER CHAFE LATERAL
 DACRON 1"
 FIG 8 2"
 INSTEP _____

STRAP COLOR BLACK PURPLE BLUE RED BEIGE PINK OTHER

OTHER VENT HOLES
 EXT HEEL POST CREPE PLASTIC _____ °
 EXT FOREFOOT POST CREPE PLASTIC _____ °

NOTES: