Date _____

ORTHOMERICA® **FUZION® SMO** Supra-Malleolar   **586.30**

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

PATIENT INFO (PHI)

Last Name / ID _____ First Name _____

Gender

☐ Male

☐ Female Age _____ Height _____ Weight _____

Diagnosis _____

Remarks

SHIPPING INFORMATION

Practitioner _____ Phone/Fax _____

Facility _____ PO Number _____

Ship to Address _____

City _____ State _____ Zip _____

Shipping Company   Service

☐ UPS   ☐ Ground

☐ FedEx   ☐ 2 Day Air

☐ Other: _____   ☐ Overnight

Need by _____

Bill to Address _____

City _____ State _____ Zip _____

Shape Acquisition Via: **Cast**   **Scan** | **Affected Side:**   **Left**   **Right**   **Bilateral**

Plantar Modifications: **Yes**   **No**   Size: _____   **Regular**   **Wide**   (Self-stick Toe Rise Pads included with each order)

ALIGNMENT

MUST BE COMPLETED TO PREVENT DELAY OF ORDER

Ankle Alignment (Dorsiflexion - Plantarflexion)

☐ Correct to _____ degrees

Hindfoot Alignment

☐ Correct to Vertical

Forefoot Alignment

☐ Do Not Correct (Cast Alignment OK)

☐ Do Not Correct (Cast Alignment OK)

Circle drawing below to indicate finished forefoot alignment

| Right Pronation | Right Supination | Right Neutral | Left Neutral | Left Supination | Left Pronation |

Include Met Height to Floor in Inches

____ ____ ____   ____ ____ ____

DORSAL EXTENSION - to control forefoot

Default

☐ No Extension   ☐ Extend Medial   ☐ Extend Lateral   ☐ Extend Both

Medial   Lateral

Anterior/Posterior Elastic Strap (optional)

Instep Strap & Forefoot Strap

Toe Strap (optional)

Posterior Height

_____

Foot Length

_____

___ Full Length Tongue

Straps

Per Picture Default

Add Toe Strap

Dacron Reinforced Straps Additional Charge

Strap Color

White Default

Color: _____

Transfer: _____

_____

Inner Plastic

FIRM-Heat Adjustable Default
Limited ambulator or pediatric only

Proflex Additional Charge

Co-Polymer

Poly Pro

Inner Liner Color

_____

Outer Foam Skin Color

Black   White

Additional Padding. Instructions:

_____

Tri-Lam Insert (Diabetic) Additional Charge

External Posting Additional Charge

No External Posting Default

Entire External Posting

Non Skid Bottom

SMO Height

Medial Malleous

Met-Head

Finished Foot Length

☐ Met-Head

☐ Sulcus

☐ Full Foot