SMO Work Order Form

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WAMHOFF MOBILITY LAB

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

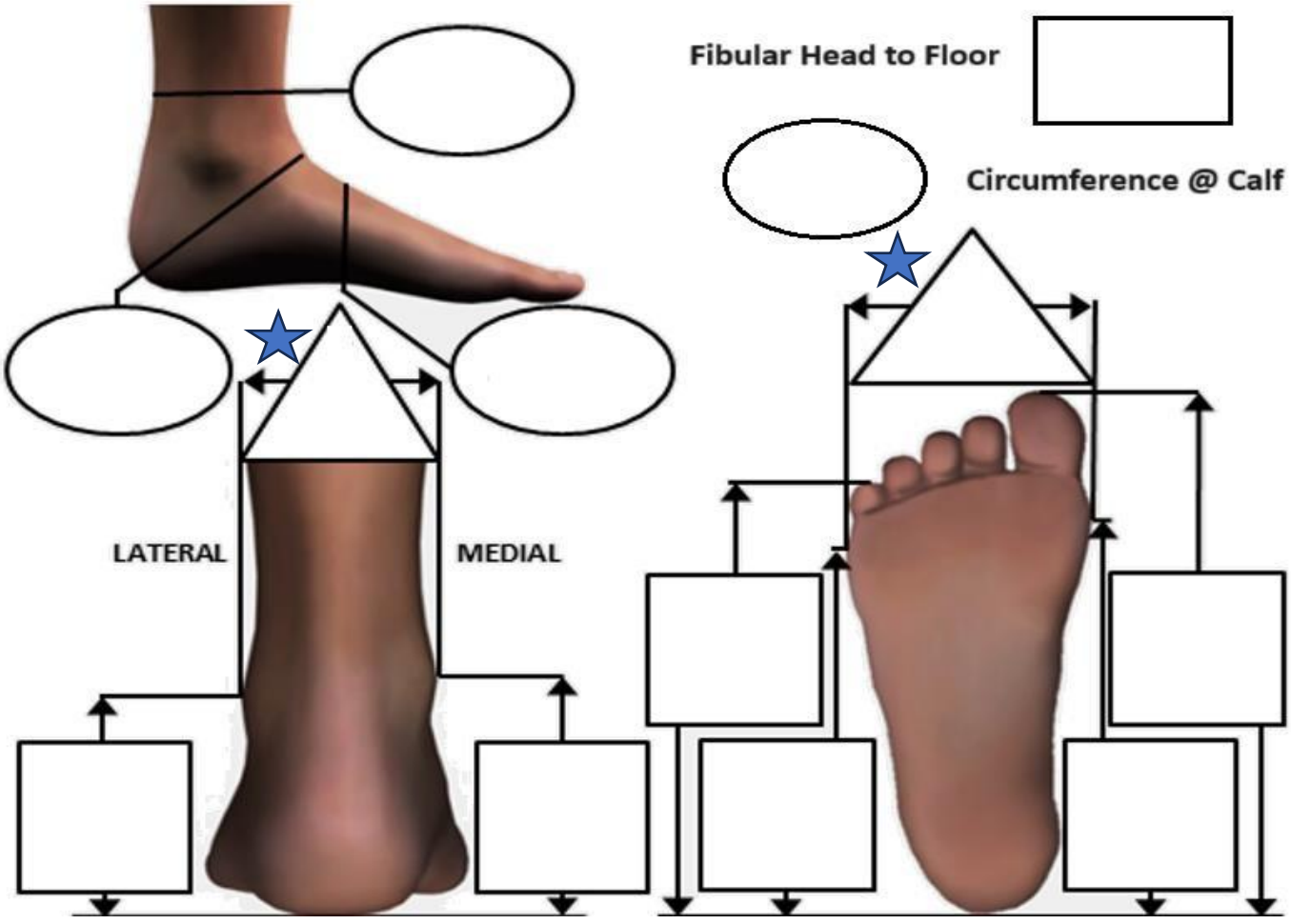
Facility: _____

Address: _____

Side: _____ Height: _____ Weight: _____ Age: _____ Sex: _____

Diagnosis: _____

Measurements



SMO Type: ☐Standard ☐Open Heel ☐Bony-Relief ☐Toe-Walking ☐Sub-MO

Alignment: ☐Leave Cast as is ☐Correct cast to neutral ☐Correct cast to specified angles below:

Sagittal: _____° ☐PF ☐DF Hindfoot: _____° ☐Inv ☐Ev Forefoot: _____° ☐Inv ☐Ev

Finished heel height: _____ Tibial Inclination Angle: _____°

Modification Notes:

Thickness: ☐3/32 ☐1/8 ☐5/32 ☐3/16 **Plastic**: ☐CoPoly (standard) ☐MPE ☐Polypro ☐Other:

Plastic Color/Transfer Pattern: _____

(Transfers available from Friddles, New Limbits, HiTek, SpinalTech, or wherever transfers are sold)

Hindfoot Posting: ☐None ☐Full ☐Medial ☐Lateral **Material**: ☐Plastic ☐Crepe ☐Cork

Molded Inner Boot: ☐3/32 ☐1/8 ☐Puff ☐LDPE ☐MPE ☐OPTek Flex ☐Orfitrans Excel ☐Proflex w/ silicone ☐OPTek Flex Comfort ☐Northvane

Other Additions (i.e. reinforcements, etc.):

Padding Thickness: ☐1/16 ☐1/8 ☐3/16 ☐1/4 **Material**: ☐Puff *(Shore 35)* ☐P-Cell *(Shore 25)* ☐EVA *(Shore 20)* ☐Aliplast *(Shore 15)* ☐Other:

Padding Location(s): ☐Malleoli ☐Arch ☐Navicular ☐Plantar Surface ☐Full Lining ☐Other:

SMO Height/Trimlines: ☐Standard ☐Drawn on cast/model ☐Other:

Foot Plate: ☐Full ☐Sulcus ☐3/4 ☐Surestep **Met Heads:** 1st Met ☐IN ☐OUT 5th Met ☐IN ☐OUT

Straps: ☐In-Step ☐Forefoot **Color:** _____

Material*:* ☐UniMesh ☐Velcro(Hook & Loop) ☐Dacron ☐Vinyl **Closure:** ☐D-Ring ☐Velcro ☐Other:

Notes: