CERTIFIED

Certified Orthopedics, Inc.
2415 East Mulberry Street, Unit 7
Fort Collins, CO 80524
ph 970-482-7116 • fax 970-498-9529
www.certifiedortho.com

BASELINE LOW TONE SMO ORDER FORM

PATIENT

First Name: _____

Last Name: _____

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

Diagnosis: _____

_____

Phone #: _____ Fax #: _____

☐ Right ☐ Left ☐ Bilateral

PRACTITIONER

Date: _____ P.O.#: _____

Facility: _____

Address: _____

_____

Contact Name: _____

Ship via: _____

Requested Date of Delivery: _____

(Please allow for shipping time)

STYLES

Low Tone SMO

☐ **Cast**

☐ **Scan**

☐ **Custom to Measurement**

MODIFYING INSTRUCTIONS

ANKLE ☐ As Is ☐ Correct to 90˚
☐ Amount_____˚ ☐ Dorsi ☐ Plantar

HINDFOOT ☐ As Is ☐ Correct to Neutral

FOREFOOT ☐ As Is ☐ Correct to Neutral

☐ Metatarsal Pad: Amount_____"

☐ S.T. Modification

☐ Extend Trimline to Central Forefoot ☐ Medial ☐ Lateral

☐ Other Modifying Instructions:_____

_____

STANDARD LOW TONE SMO INCLUDES

- Standard Modifications
- Modified PolyEthylene Plastic
- Heel Post Neutral
- Arch Pad
- Dorsum Strap & Ankle Strap
- Dorsum Overlaps
- Malleolus Pads
- Transfer Pattern

TRANSFER PATTERN

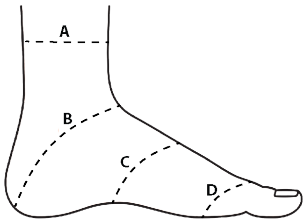
☐ Fly & Drive Blue
☐ Ice Age 2 Blue
☐ Camo
☐ Tornado
☐ Light Purple Butterfly
☐ Sweethearts
☐ Pink Camo
☐ Starlight

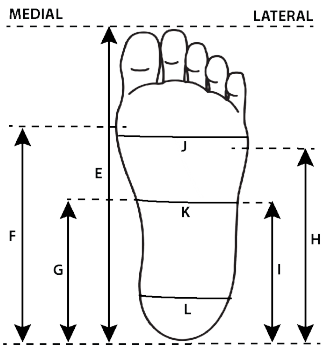
EXTERNAL POST

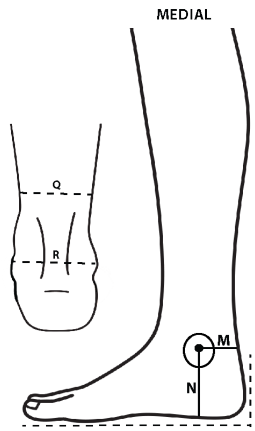
☐ Crepe ☐ Plastic ☐ Other_____

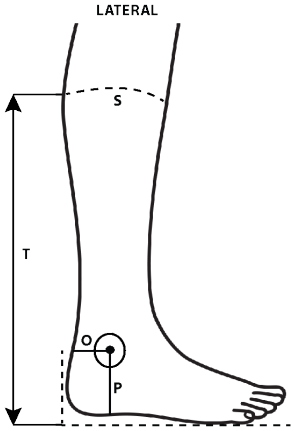
FOREFOOT	HINDFOOT	BOTH
☐ Neutral	☐ Neutral	☐ Neutral
☐ Medial	☐ Medial	☐ Medial
☐ Lateral	☐ Lateral	☐ Lateral
Amount:_____	Amount:_____	Amount:_____

***Non-Loaded & Neutral**
***MM Measurements**









A. _____	***Supramall. Circ.***	***K.*** _____	***Width Apex of Nav. & Base of 5th Meta***
B. _____	***Instep Circ.***	***L.*** _____	***Width of Heel at Widest***
C. _____	***Midfoot Circ. through Arch***	***M.*** _____	***Length Heel to Medial Mall***
D. _____	***1st Met to 5th Met Circ.***	***N.*** _____	***Length Ground to Apex of Med. Mall.***
E. _____	***Foot Length***	***O.*** _____	***Length Heel to Lateral Mall.***
F. _____	***Heel to 1st Met Head Length***	***P.*** _____	***Length Ground to Apex of Lat. Mall.***
G. _____	***Heel to Navicular Length***	***Q.*** _____	***Width at Supramalleolar***
H. _____	***Heel to Base of 5th Met Length***	***R.*** _____	***Width at Malleoli***
I. _____	***Heel to Base of 5th Meta. Length***	***S.*** _____	***Calf Circum. at Widest***
J. _____	***Width between Met. Heads***	***T.*** _____	***Height to Fibular Head***

☐ **SHOES** ☐ Children's ☐ Toddler

Size:_____ Width:_____ Company:_____ Style:_____ Color:_____ Closure:_____

Other Info:_____

_____