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www.fdmotion.com

Lab to Call Doctor:  Date \_\_\_\_\_

Date Received in Lab: \_\_\_\_\_

**CHILD SMO ORDER FORM**

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_

M  F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Left Foot  Right Foot  Bilateral

Diagnosis: \_\_\_\_\_



BOSS Child SMO

**Clinical Indicators**

- Excessive Flat Foot (Pediatric)
- In-Toe / Out-Toe Gait

**Suggested HCPCS Codes**

L1907  
L2330

**Benefits**

- Stabilizes & supports the child's foot while still allowing for natural development

Corrections & Posting	Shell	Closure/Padding	Accommodations
<p><b>Intrinsic Corrections</b></p> <p><input type="checkbox"/> Build as Cast (Do not put into Neutral)</p> <p style="text-align: center;"><b>OR</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Forefoot</b></p> <p><input type="checkbox"/> Neutral (Standard)</p> <p><input type="checkbox"/> Varus _____ Degrees</p> <p><input type="checkbox"/> Valgus _____ Degrees</p> <p><b>Rearfoot</b></p> <p><input type="checkbox"/> Neutral (Standard)</p> <p><input type="checkbox"/> Varus _____ Degrees</p> <p><input type="checkbox"/> Valgus _____ Degrees</p> <p><b>Ankle</b></p> <p><input type="checkbox"/> Neutral (Standard)</p> <p><input type="checkbox"/> Varus _____ Degrees</p> <p><input type="checkbox"/> Valgus _____ Degrees</p> </div> <p><b>Extrinsic Posting</b></p> <p><input type="checkbox"/> Extrinsic Heel Post</p> <p><input type="checkbox"/> Neutral</p> <p><input type="checkbox"/> Varus _____ ° ( R / L / BL )</p> <p><input type="checkbox"/> Valgus _____ ° ( R / L / BL )</p> <p><input type="checkbox"/> Heel Lift _____ mm. ( R / L / BL )</p>	<p><b>Shell</b></p> <p><input type="checkbox"/> Rigid (5 mm Polypro) (Standard)</p> <p><input type="checkbox"/> Semi Flex (3 mm Polypro)</p> <p><input type="checkbox"/> Carbon Fiber (Additional \$70)</p> <p><b>Foot Plate Length</b></p> <p>Meta Length</p> <p><b>Total Brace Height</b></p> <p>Supramalleolar</p> <p><b>Brace Heel Cup</b></p> <p>Mid-Achilles Height</p> <p><b>Shell Color</b></p> <p><input type="checkbox"/> Black (Standard)</p> <p><input type="checkbox"/> Pink Polypro</p> <p><input type="checkbox"/> Blue Polypro</p>	<p><b>Closure</b></p> <p>Velcro Straps</p> <p><b>Interior Padding</b></p> <p><input type="checkbox"/> 3 mm EVA (Standard)</p> <p><input type="checkbox"/> None</p> <p><b>Padding Length</b></p> <p><input type="checkbox"/> Meta Length (Standard)</p> <p><input type="checkbox"/> Sulcus Length</p> <p><input type="checkbox"/> Full Length</p>	<p><b>Device Accommodations</b></p> <p><input type="checkbox"/> Mortons Extension</p> <p><input type="checkbox"/> Reverse Mortons Extension</p> <p><input type="checkbox"/> None</p> <p><b>Removable Orthotic</b></p> <p><input type="checkbox"/> Removable Custom Orthotic Built into Brace (Additional \$100)</p> <p>Semi-Rigid Shell</p> <p>EVA Top Cover (3mm)</p> <p>EVA Bottom Cover (1mm)</p> <hr/> <p style="text-align: center;"><b>Order Options</b></p> <p><b>Rush Order</b></p> <p><input type="checkbox"/> 5 Day Fabrication Rush \$125.00</p> <p><b>Shipping</b></p> <p><input type="checkbox"/> Next Day \$65.00</p>

**Please Mark Areas to Offload / Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Measurements**

- Foot Length (L): \_\_\_\_\_mm
- Ball Width (W): \_\_\_\_\_mm
- Ball Girth (B): \_\_\_\_\_mm
- Instep Girth (I): \_\_\_\_\_mm
- Heel Girth (HG): \_\_\_\_\_mm
- Heel Width (HW): \_\_\_\_\_mm
- Lower Leg Circumference (C) (20 cm from ground): \_\_\_\_\_mm

