



MEERKAT
PEDIATRIC LOW TONE SMO
L1907

WORK ORDER #:
(LAB USE ONLY)

BILL TO: _____

ADDRESS: _____

SHIP TO: _____

ADDRESS: _____

SAME AS BILLING

SHIPPING METHODS: GROUND 2 DAY EXPRESS AM PM

OVERNIGHT: STANDARD PRIORITY 1st OVERNIGHT

CLINICIAN: _____

CELL #: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

MALE FEMALE

LEFT RIGHT BILATERAL

OPS INVOICE/NG ENCOUNTER: _____

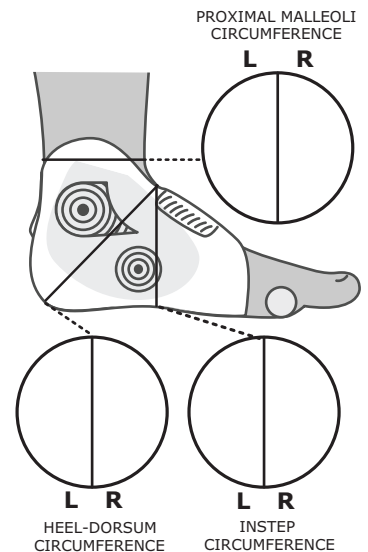
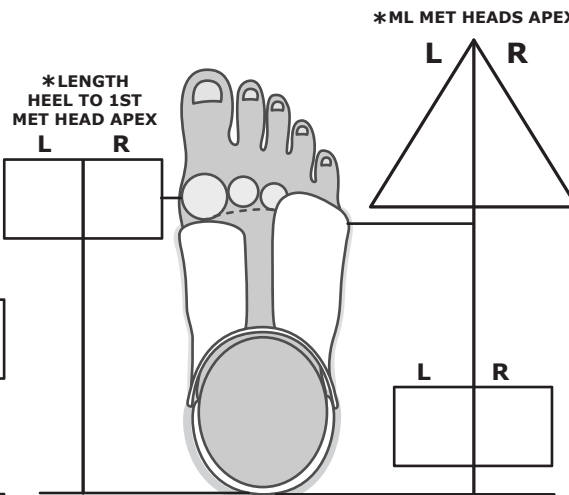
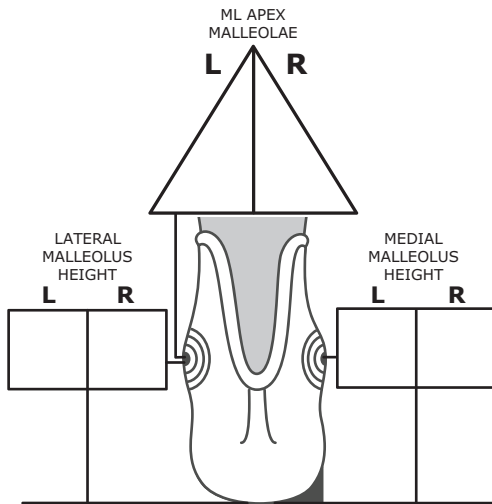
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

MEERKAT STANDARD IN or CM (Please indicate one) **PLEASE PROVIDE ANATOMICAL MEASUREMENTS.**

***CRITICAL MEASUREMENTS FOR FIT: 1) Length: Heel to 1st met head, apex 2) ML: Met heads, apex, semi-wt bearing**



PLASTIC

1/16" STANDARD (Patients ≤ 80lbs)

3/32" OPTION (Patients ≥ 80lbs)

STRAPS

INSTEP FOREFOOT

COLOR

RED BLUE WHITE BLACK

PINK PURPLE YELLOW GREEN

TRANSFER #: _____

SHOES YES NO

ANSWER 2: _____ SIZE: _____

OTHER

PLASTIC HEEL POST CREPE HEEL POST

INNER BOOT (F3000) OPEN HEEL

NON-SKID SOLE

DORSAL PADS: _____ QTY SOCKS: _____ QTY

SPECIAL INSTRUCTIONS

EMAIL COMPLETED FORM TO: HFN_ORLANDO@HANGER.COM

TURNAROUND TIME: 5 days

PLEASE NOTE: Targeted turnaround times may vary by lab location, project complexity and order volume. Pre-scheduling time sensitive projects helps us prioritize meeting your project requests.