LEIMKUEHLER
ORTHOTIC-PROSTHETIC CENTER INC.
Specialists Since 1948

American Orthotic & Prosthetic Association

Date _____

Patient's Name _____ ***Birthdate*** _____

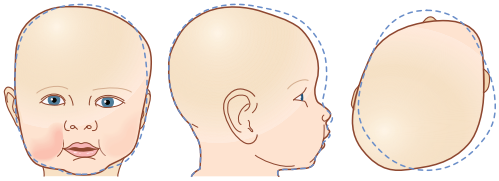
Parent's Name _____ ***Parent's Phone #*** _____

Diagnosis _____

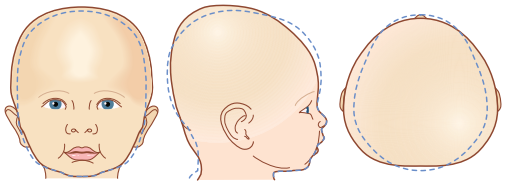
- ☐ Baby repositioning/neck exercise instructions (no charge)
- ☐ Literature on Plagiocephaly, Brachycephaly and/or STARband Treatment (no charge)
- ☐ STARband Cranial Remolding Treatment (if indicated)

All appointments include head shape evaluation

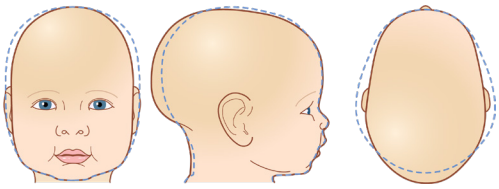
Plagiocephaly



Brachycephaly



Scaphocephaly



Notes _____

_____

Physician Signature _____ ***Date*** _____

Print Physician Name _____ ***NPI#*** _____

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