

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: SAME AS BILLING _____

ADDRESS: _____

SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)

OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)

OTHER: _____

CLINICIAN: _____

CELL #: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

DIAGNOSIS: _____ **AFFECTED SIDE (Check One):**

LEFT RIGHT BILATERAL: SYMMETRICAL YES NO

OPS INVOICE/NG ENCOUNTER: _____

MEASUREMENT DATE: _____

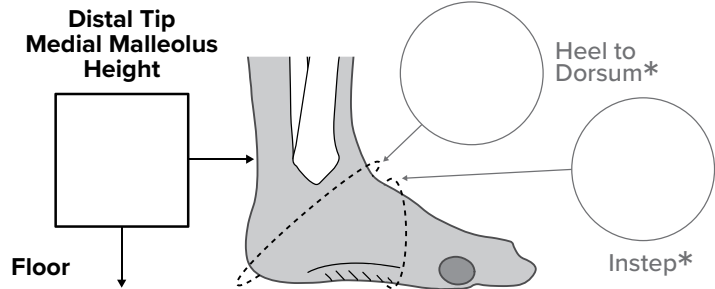
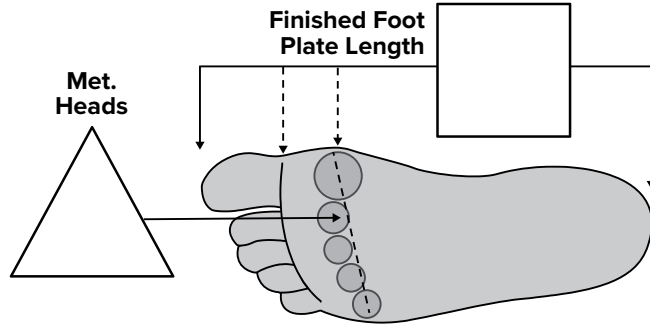
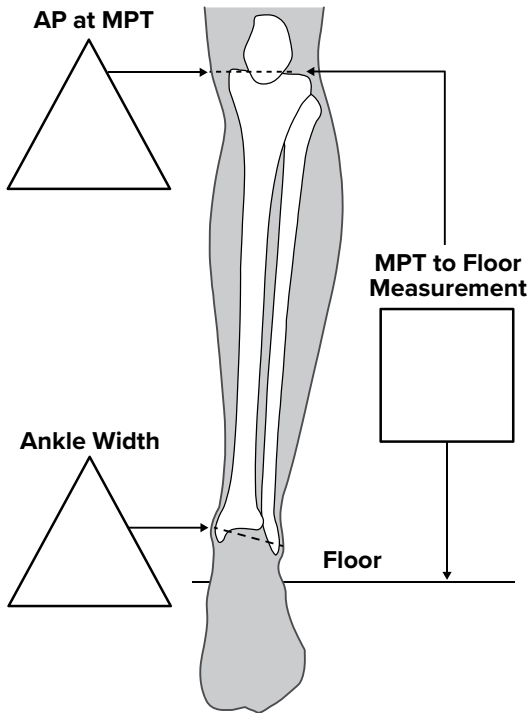
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

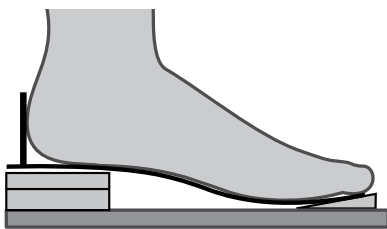
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Floor Reaction Designs

TUNING CRITICAL MEASUREMENTS (Optional)

Casting Block Used? Yes* No * Best Practice: Casting block improves design accuracy and efficiency.



Ankle Angle

As Casted Correct to: _____°

Casting Block Setup

Heel Height: _____ & Toe Ramp: _____

Heel Wedge

Attached Unattached

Shoe Heel Height = _____

Set Heel Wedge to:

Calculate from Cast Block Setup

Set to SVA of: _____°

Other _____°

• **Calculated** = Casted Heel – Shoe Heel

• **SVA** = (Set AFO to SVA first) AFO Heel – Shoe Heel

• **Other** = Clinician Specified Amount

SCAN INPUT REQUIREMENTS

SCAN TYPE Split/Inside Cast Outside Cast (Preferred)

Positive Model: Unmodified Modified Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm

Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DEVICE

AFO DESIGN

- [Floor Reaction \(Top Entry\)](#) [Floor Reaction \(Posterior Entry\)](#)
 [PTB](#) [Anterior Removable Shell](#)

Articulated: Yes No

Modifications

- [Standard](#) [Tone Reduction](#) [ST Mod](#)
 [Intrinsic Heel Mod](#) _____° Medial Lateral
 Additional Build Ups/Reductions (detail in notes section)
 Heel Height: None Other _____

Corrected Ankle Position

- Neutral As Is Other: DF _____° PF _____°

Final Corrected Forefoot Position

- Right: Neutral As Is Other _____
 Left: Neutral As Is Other _____

Final Corrected Hindfoot Position

- Right: Neutral As Is Other _____
 Left: Neutral As Is Other _____

DESIGN

- Ankle Joints:** None Unfinished: Do NOT Articulate
 Tamarack Optns: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
 Other _____

Posterior Stops

- Plastic Block Becker 795 Becker 655 PAS

TRIMLINES

Midfoot

- Standard Mid Min Dorsal Wrap

Forefoot

- Standard Ext. Lat Ext Med Other _____

Footplate

- Met Sulcus Full **Proximal Trim**
 Standard Wing Trim

Varus/Valgus Prevention

- Right: Varus Valgus Pad Supramalleolar Extension
 Left: Varus Valgus Pad Supramalleolar Extension
 Ext. Heel Post _____° Med Lat Plastic Crepe
 Ext. Forefoot Post _____° Med Lat Plastic Crepe

- Proximal Flare:** Anterior Superior Anterior Inferior Posterior

NOTES

THERMOFORMING

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 3/32" 1/8" 5/32" 3/16" 1/4" Other _____

TRANSFER/PLASTIC COLOR

- Anterior Posterior Both

Description/# _____

Reinforcement

- Corrugation Compcore Other _____

PADDING (detail in notes section)

- Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

- 1/8" 5/32" 3/16" 1/4"

Location

- Full Device Full Foot Navicular Lat Mal Med Mal

ANTERIOR SHELL

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 3/32" 1/8" 5/32" 3/16" 1/4" Other _____

PADDING (detail in notes section)

- Aliplast Plastazote Pelite/EVA

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

- 1/8" 5/32" 3/16" 1/4"

FINISHING

- Finished Unfinished (send straps unattached)

Anterior Shell Strap

- Leave Detached Wrap Around (no chafe)
 Double Chafes (Butterfly Style) 1" 1 1/2" 2"

Ankle Strap

- Leave Detached Chafe Medial Chafe Lateral Instep Fig 8
 1" 1 1/2"

Strap Material

- Velcro Only Leather Back Dacron Back Other _____

Strap Color

- Black White Pink Red Beige Green Purple Blue

Non-Skid Surface

- Right Left Bilateral **Glued:** Yes No

TURNAROUND TIMES