

**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:** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT:**  CELL \_\_\_\_\_

TEXT  EMAIL  NG MOBILE \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \* \_\_\_\_\_ AGE: \_\_\_\_\_

MALE  FEMALE \*Cast required if over 80lbs

LEFT  RIGHT  BILATERAL

OPS INVOICE/NG ENCOUNTER: \_\_\_\_\_

MEASUREMENT DATE: \_\_\_\_\_

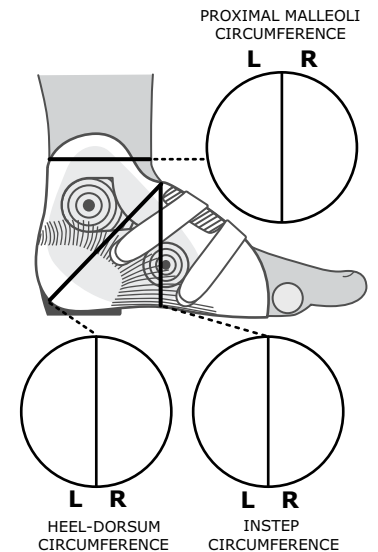
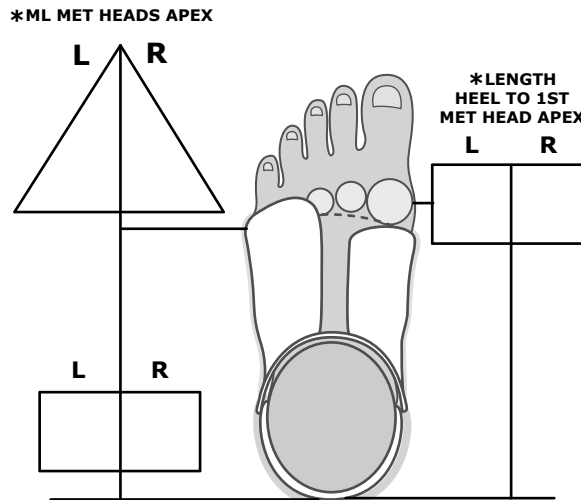
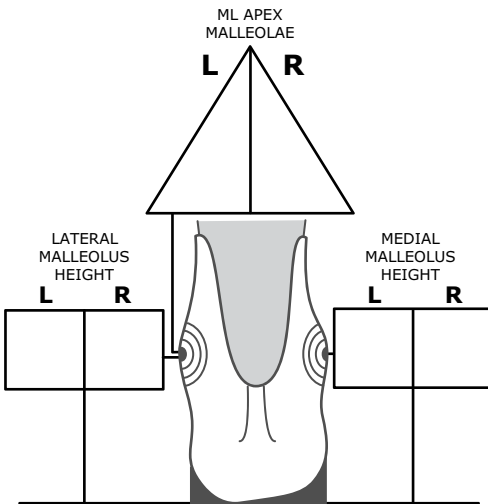
IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

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

Email completed form to  HOUSTON: [HFN\\_Houston@Hanger.com](mailto:HFN_Houston@Hanger.com)  ORLANDO: [Orlando\\_HFN\\_Orlando@Hanger.com](mailto:Orlando_HFN_Orlando@Hanger.com)

**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, **Cast Required**)

**STRAPS**  INSTEP  FOREFOOT

**STRAP COLORS**

- RED  BLUE  WHITE  BLACK
- PINK  PURPLE  YELLOW  GREEN

TRANSFER #: \_\_\_\_\_

**SHOES**  YES  NO

**SHOE STYLE:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_

**OTHER**

- PLASTIC HEEL POST  CREPE HEEL POST
- INNER BOOT (F3000)  OPEN HEEL
- NON-SKID SOLE

DORSAL PADS: \_\_\_\_\_ QTY ADDITIONAL SOCKS: \_\_\_\_\_ QTY

**FOOTPLATE**

- STANDARD (EXTENDED LATERAL)
- MET HEAD LENGTH
- FULL FOOT LENGTH

**SPECIAL INSTRUCTIONS**

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**TURNAROUND TIMES**

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).