

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: _____

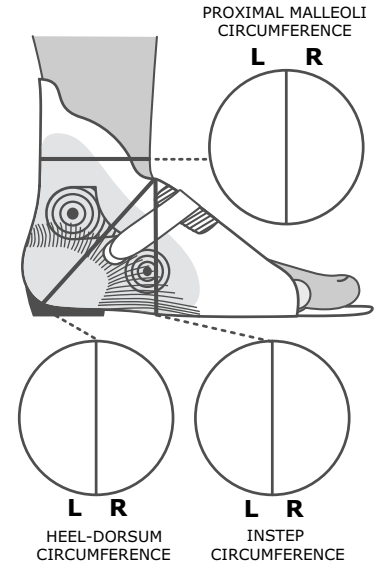
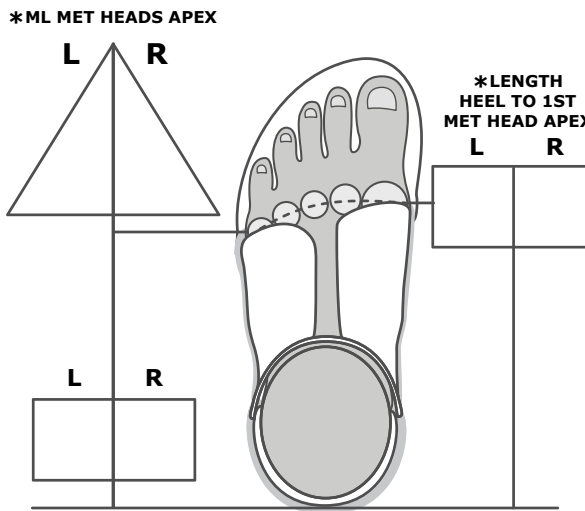
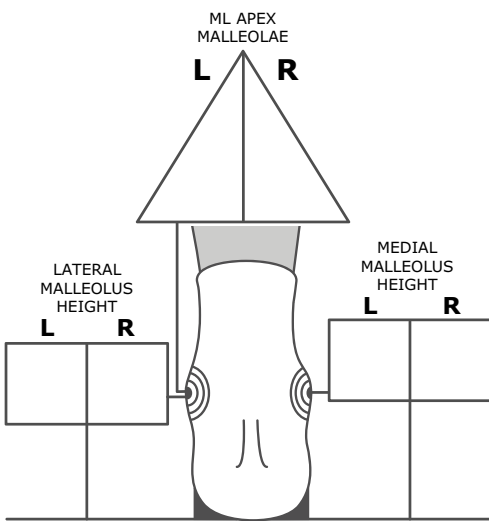
IN-OFFICE REQUEST DATE & TIME: _____

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

Email completed form to HOUSTON: HFN_Houston@Hanger.com ORLANDO: 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) NON-SKID SOLE

DORSAL PADS: _____ QTY

ADDITIONAL SOCKS: _____ QTY

FOOTPLATE

- STANDARD (FULL FOOT LENGTH)

SPECIAL INSTRUCTIONS

TURNAROUND TIMES

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