

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: _____

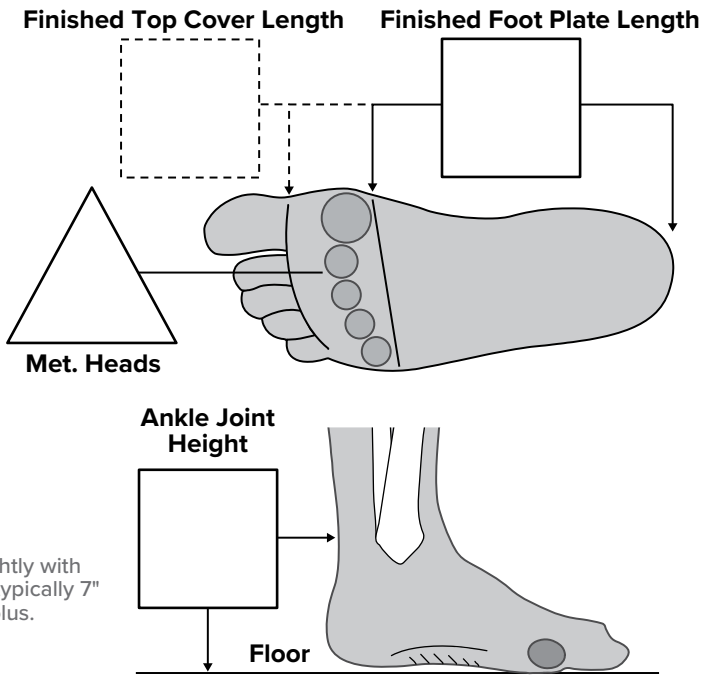
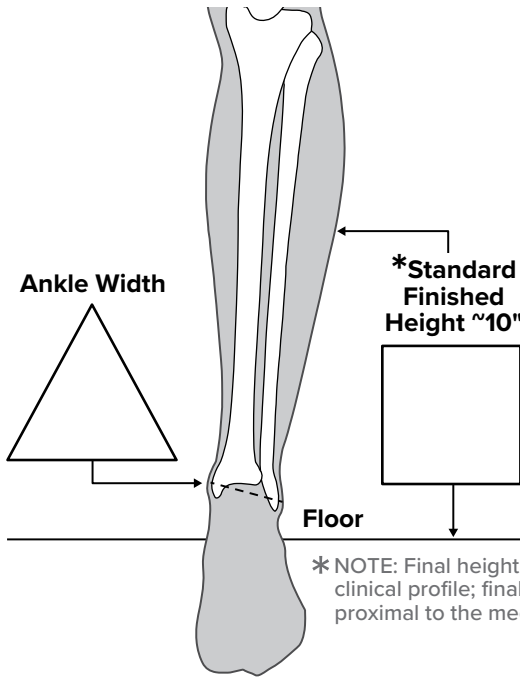
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN ORLANDO PHOENIX

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

PATIENT MEASUREMENTS (REQUIRED)



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 _____

NOTES

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DEVICE

- Prefab Overlap Uprights Separate (Sure-01)**
 - Fixed Overlap (Chicago Screw)
- Custom Overlap Uprights Bridged (Sure-02)
 - Separate Uprights Fixed Overlap (Chicago Screw)
- Custom Tamarack Joint, Uprights Bridged (Sure-03) Separate Uprights
- Neutral (Straight) Dorsi Assist: 75-Mild 85-Mod 95-Strong
- Variable ROM Camber Axis Bridged (Sure-08)
 - Separate Uprights
- Short AAFO** (Phoenix Only)

MODIFICATIONS

- Navicular _____
- Base of 5th _____
- Additional Build Ups/Reductions (detail in notes section)
- Casting Block Used? Yes No
- Heel Height: None 1/4" 3/8" 1/2" Other _____

Intrinsic Heel Skive

- Medial Lateral 2° 4° 6°

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 _____

NOTES

DESIGN

TRIMLINES

Midfoot

- Standard (wide) Mid (narrow) Min (low profile)

Forefoot

- Standard Extension Lateral Extension Medial

Footplate (plastic)

- Met Sulcus Full

Heel Cup

- 35 mm 18 mm 14 mm Other _____

- Extrinsic Crepe Heel Post _____ ° Medial Lateral

- Extrinsic Crepe Forefoot Post _____ ° Medial Lateral

- Heel Lift _____ thickness

MATERIAL SELECTION

Top Cover

- 1/8" EVA Poron Spenco BiLam (Zote+Poron)

Top Cover Length

- Sulcus Metatarsals Full

FINISHING

Add Ons

- Medial Sling
- Lateral Sling
- Instep Strap
- Other _____

TURNAROUND TIMES

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