

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: _____

MALE FEMALE

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

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)

HFN: ORLANDO

CREPE

Cloud Soleflex

BOTTOM SOLE

Topi Herringbone Original Sole

COLOR

Black White
 Brown Other _____

OPTIONS

Flare Medial Lateral _____"

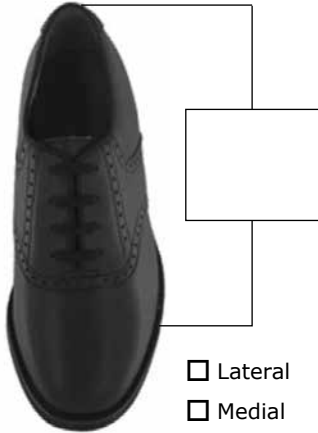
Wedge Medial Lateral _____"

Buttress Medial Lateral _____"

Steel Shank _____

Met Bar

Inside Lift _____



Heel Mild Toe

Inches Centimeters



Mild Rocker



Heel Toe Rocker



Negative Heel Rocker



Toe Only Rocker



Severe Angle Rocker



Double Rocker

NOTES

TURNAROUND TIMES

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