

**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

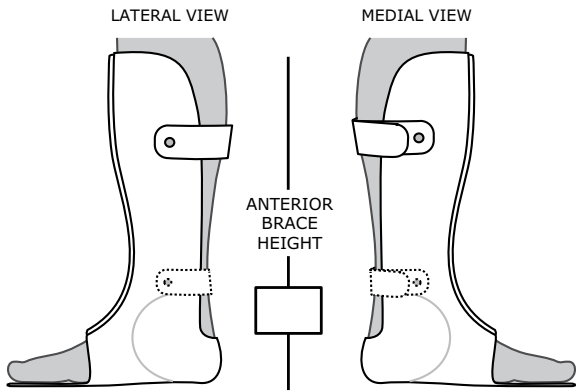
OPS INVOICE/NG ENCOUNTER: \_\_\_\_\_

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

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

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

**HFN:**  CHICAGO  CROMWELL  HOUSTON  ORLANDO (scootz)  PHOENIX  ROCHESTER



Std Strapping Shown Above Finished Length \_\_\_\_\_

**Strap Options**

Attach  Send  None

**Optional Inner Boot**

3/32 PE (Standard)  1/8 Proflex  1/8 Foam

**Right Ankle Alignment**

Neutral  As Casted  
 \_\_\_\_° Dorsi  /Plantar

**Left Ankle Alignment**

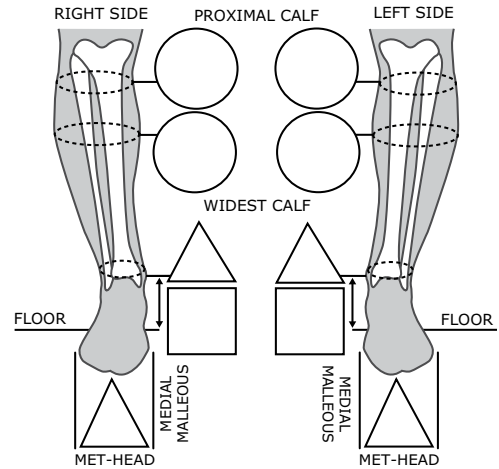
Neutral  As Casted  
 \_\_\_\_° Dorsi  /Plantar

**Right Heel Alignment**

Neutral  As Casted  
 Tune-Wedge 10° Anterior

**Left Heel Alignment**

Neutral  As Casted  
 Tune-Wedge 10° Anterior



**Tone Inhibiting Modifications**

None  Aggressive

**Straps**

White Strap Standard Other \_\_\_\_\_

**Pads**

White Pad Standard Other \_\_\_\_\_

**Additional Padding**

Posterior Proximal Calf  
 Navicular  
 Other \_\_\_\_\_

**Posting**

None/Std  Full Plantar  
 Heel Post  Heel & Midfoot  
 Other \_\_\_\_\_

Pattern Transfer \_\_\_\_\_

**FOREFOOT ALIGNMENT**

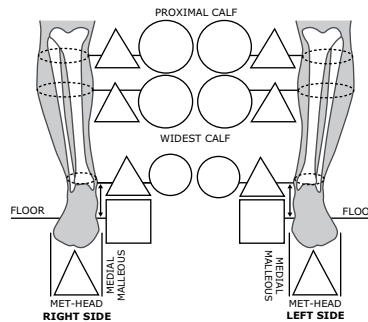
Please indicate finished post height - inches or centimeters

RIGHT			LEFT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DORSAL EXTENSION - CONTROL FOREFOOT RIGHT			DORSAL EXTENSION - CONTROL FOREFOOT LEFT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PreFit Option**  Yes  No

**Shoe Style** \_\_\_\_\_ Size \_\_\_\_\_

**Socks** Additional Quantity \_\_\_\_\_



**FAB USE ONLY**

Date Received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TURNAROUND TIMES**

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