

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: _____

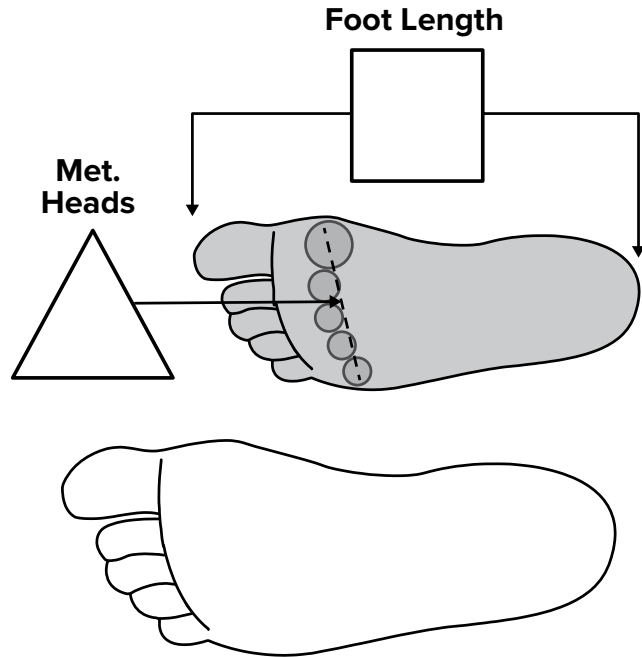
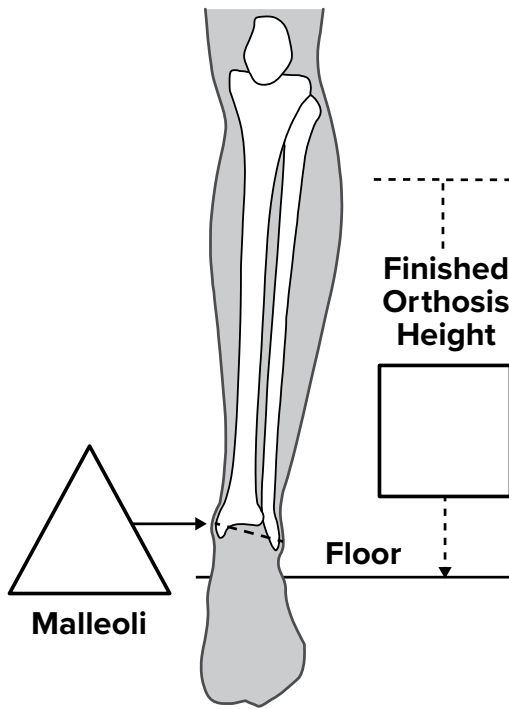
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS HOUSTON OTHER _____

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

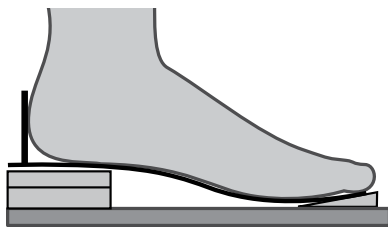
PATIENT MEASUREMENTS (REQUIRED)



Indicate areas of sensitivities or ulcers

TUNING CRITICAL MEASUREMENTS (Optional)

Casting Block Used? Yes* No * *Best Practice: Casting block improves design accuracy and efficiency.*



Ankle Angle

As Casted Correct to: _____°

Casting Block Setup

Heel Height: _____ & Toe Ramp: _____

Heel Wedge

Attached Unattached

Shoe Heel Height = _____

Set Heel Wedge to:

Calculate from Cast Block Setup

Set to SVA of: _____°

Other _____°

• **Calculated** = Casted Heel – Shoe Heel

• **SVA** = (Set AFO to SVA first) AFO Heel – Shoe Heel

• **Other** = Clinician Specified Amount

SCAN INPUT REQUIREMENTS

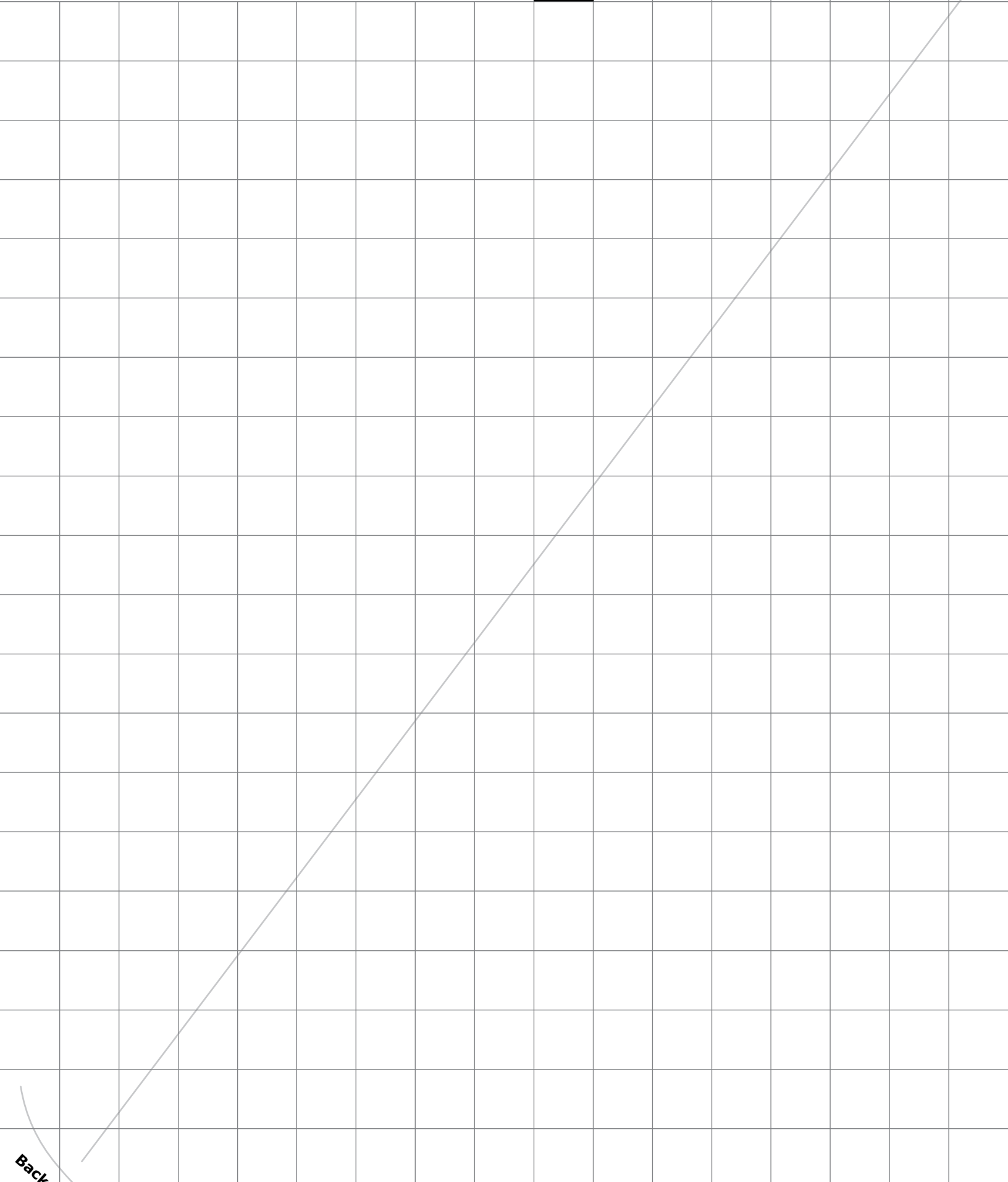
SCAN TYPE Split/Inside Cast Outside Cast (Preferred)

Positive Model: Unmodified Modified Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm

Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

.5"
.5"



Back of Heel

CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DEVICE

***Weight Bearing Foot Tracing or Foot Impression Required.**

DESIGNS

Standard TMA/Toefiller

Modifications

Standard (actual foot length + 3/8") Extended Foot Length _____"

***Please provide cast in finished device alignment.
Corrections are limited to +/- 5° in the sagittal plane.**

Corrected Ankle Position

Neutral As Is Other: DF _____° PF _____°

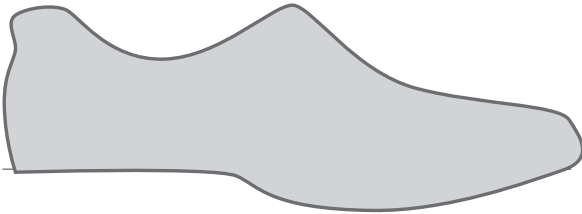
Proximal Flare

Yes No

Sole Type (Rockers)

Ankle Joint Met-Head Heel Lisfranc MPJ Healing

(Draw key dimensions as needed)



NOTES

***Weight Bearing Foot Tracing or Foot Impression Required.
Please provide cast in finished device alignment.
Corrections are limited to +/- 5° in the sagittal plane.**

THERMOFORMING-POSTERIOR

Plastic Type

Polypropylene Copolymer

Thickness

5/32" 3/16" 1/4" Other _____

Reinforcement

Corrugation Compcore Other _____

PADDING (detail in notes section)

Alplast Plastazote Pelite/EVA PCell

Thickness: 1/8" 5/32" 3/16" 1/4"

Additional Foot Inserts: 1 2 Other _____

TRANSFER/PLASTIC COLOR Description/# _____

THERMOFORMING-ANTERIOR

Plastic Type

Polypropylene Copolymer

Thickness

5/32" 3/16" 1/4" Other _____

PADDING (detail in notes section)

Alplast Plastazote Pelite/EVA PCell

Thickness: 1/8" 5/32" 3/16" 1/4"

FINISHING

Finished Unfinished (send straps unattached)

Straps

Leave Detached Chafe Med Chafe Lat Butterfly (Double Chafe)

1" 1 1/2" 2"

Strap Material

Velcro Only Leather Back Dacron Back Other _____

Strap Color

Black White Pink Red

Beige Green Purple Blue

Non-Skid Surface

Glued: Yes No

TURNAROUND TIMES