

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: _____

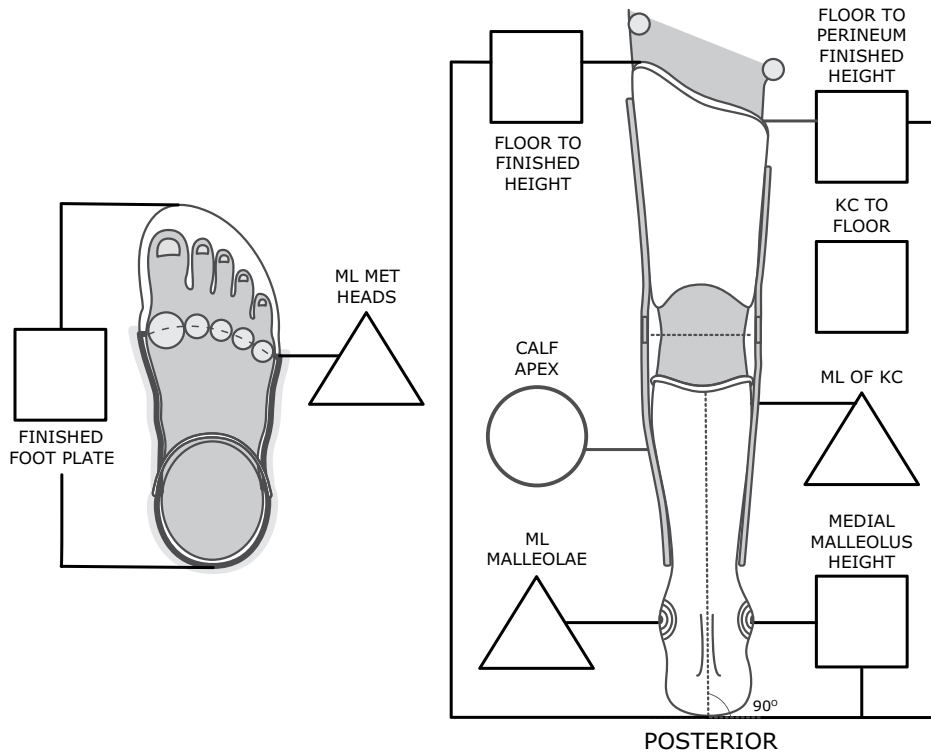
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

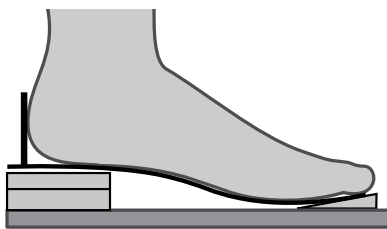
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



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) **MEASUREMENTS** Average Cast Thickness _____ mm
 Positive Model: Unmodified Modified Direct Patient
 Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DESIGN

CAST CORRECTION

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| Ankle | Heel | Forefront |
| <input type="checkbox"/> DF ____° | <input type="checkbox"/> IN ____° | <input type="checkbox"/> SUP ____° |
| <input type="checkbox"/> PF ____° | <input type="checkbox"/> EV ____° | <input type="checkbox"/> PRO ____° |

Knee

- Varum Valgum Flexion Extension

MODIFICATIONS

- | | | | |
|--------------------------------------|----------|--------------------------------------|----------|
| +/Buildups | Location | -/Reductions | Location |
| <input type="checkbox"/> 1/8" | _____ | <input type="checkbox"/> 1/8" | _____ |
| <input type="checkbox"/> 5/32" | _____ | <input type="checkbox"/> 5/32" | _____ |
| <input type="checkbox"/> 3/16" | _____ | <input type="checkbox"/> 3/16" | _____ |
| <input type="checkbox"/> 1/4" | _____ | <input type="checkbox"/> 1/4" | _____ |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |
| | | <input type="checkbox"/> PTB | |

TRIMLINES

Brim

- IC
 Quad
 Other _____

Shank

- Blounts
 Pretibial Shell
 Varus Mod
 Valgus Mod

Footplate

- Standard/Full**
 Mets
 Sulcus
 Other _____

Forefoot

- Ext. Lateral Ext. Medial
 Dorsal Wrap
 UCB Insert
 Inner Boot* _____
*Provide Heel-Dorsum O

MATERIAL SELECTION

Transfer: None Design _____

Plastic

- Polypropylene**
 Copolymer
 Polyethylene
 Other _____

Thickness

- 5/32"
 3/16"
 1/4"
 1/8"

Padding

- Full Liner
 Aliplast
 Plastazote
 Pelite
 Other _____

Thickness

- 5/32"
 3/16"
 1/4"
 1/8"

Location

- Full Thigh
 Full AFO
 Other _____
 Other _____

Reinforcement

- Corrugation
 Polycarbon C
 Other _____

MATERIAL SELECTION (cont.)

Ankle Joints

- Camber Axis
 DAAJ
 Free Motion
 Gaffney
 Gillette
 Klenzak
 Oklahoma
 Tamarack
 Tamarack-Dorsi Assist
 Other _____

Posterior Stops

- Free Motion
 Motion Control Limiter (755)
 Motion Control Limiter (795)
 Pas Elite 100

Knee Joints

- Single Upright Medial Lateral Double Uprights
 Bar Size 3/16 x 5/8 3/16 x 3/4 Other
 Material AL SS TI
 Bail Lock
 Drop Lock
 Drop Lock Retainers
 Cam Lock
 Dial Lock
 Lerman
 Polycentric
 Spring Lever Lock
 Step Lock
 Trigger Release
 Posterior Offset

Finish Options

- Growth Extensions
 Polished Bars
 Bars Under Plastic
 Tibial Torsion Spreader Bar ____°

FINISH Unfinished

Straps

- Leather Dacron
 Fig 8 Instep
 Chafe Medial Chafe Lateral
 1" 2"
 4 Buckle 5 Buckle
 Patella PTB
 T Strap POS Check Strap
 Other _____

Strap Color

- Black Purple
 Blue Red
 Beige Pink
 Other _____

Other

- Vent Holes
 Ext. Heel Post Crepe Plastic ____°
 Ext. Forefoot Post Crepe Plastic ____°

TURNAROUND TIMES