

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

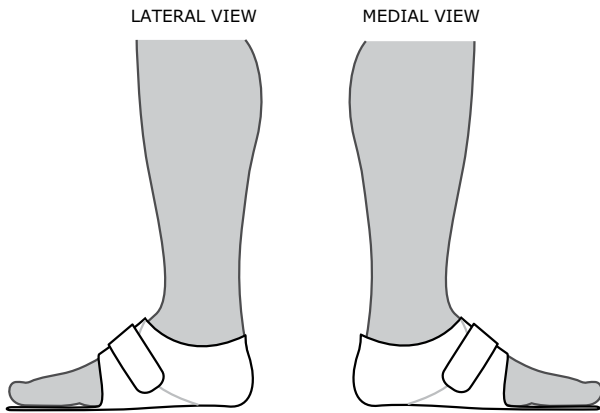
OPS INVOICE/NG ENCOUNTER: _____

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

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

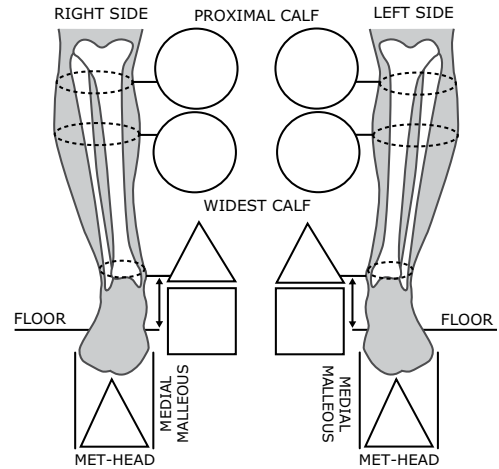
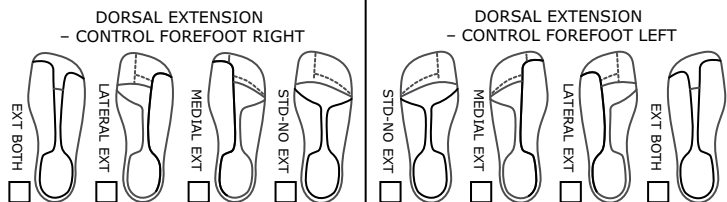
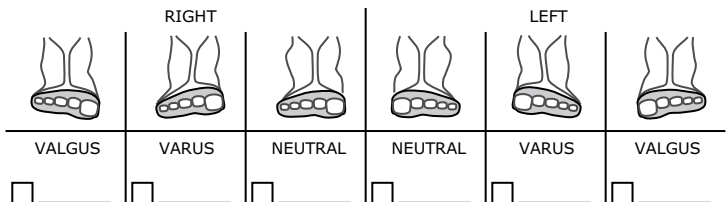
Left Heel Alignment

Neutral As Casted

Tune-Wedge 10° Anterior

FOREFOOT ALIGNMENT

Please indicate finished post height - inches or centimeters



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

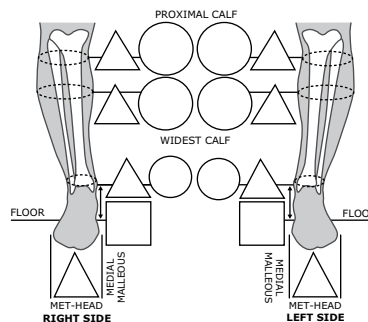
Other _____

Pattern Transfer _____

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](#)