

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: _____

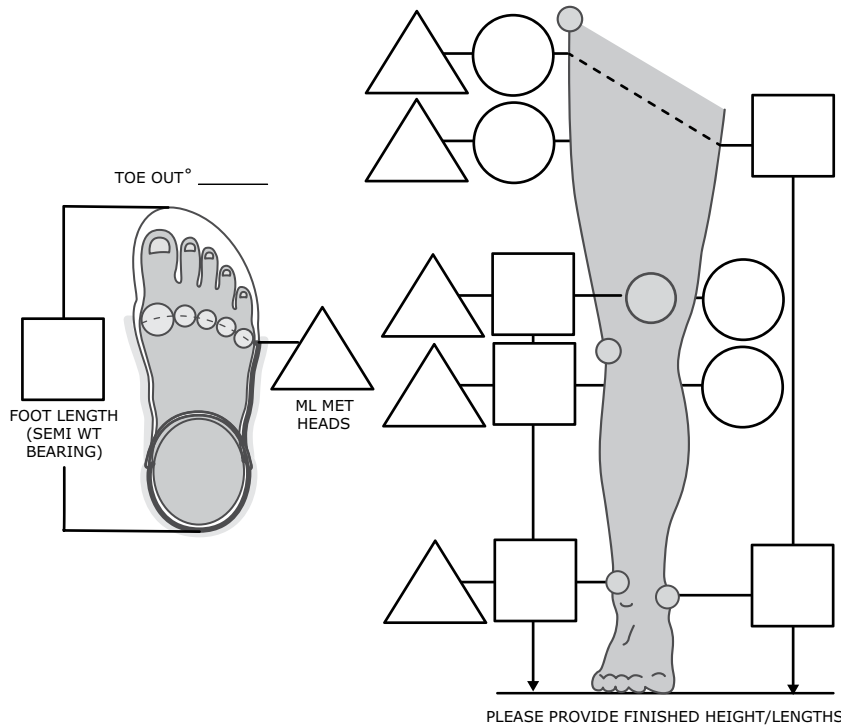
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: KANSAS ORLANDO PHOENIX

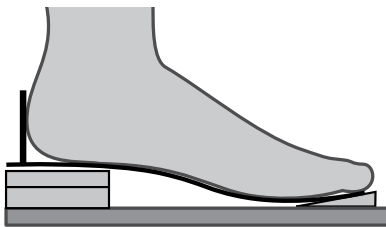
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

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 OPTIONS

Single Upright Double Upright

CORRECTED TRACING IS REQUIRED

CAST CORRECTION N/A

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 _____°

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	_____

MATERIAL SELECTION AL SS TI

Bar
 1/4 x 3/4" 1/4 x 5/8" 3/16 x 1/2" 3/16 x 3/4"
 3/16 x 5/8" 1/8 x 1/2" Other _____

Pre-Set
 Pins Springs DF _____° PF _____°

Stirrup

Solid Solid-Extended
 Solid-White Split
 UCBL
 Other _____

Ankle Joints

DAAJ Free Motion
 Limited Action
 Dorsi Assist
 Other _____

Knee Joints

Bail Lock Drop Lock Cam Lock Dial Lock Step Lock
 Spring Lever Lock Ball Retainers Trigger Release
 Growth Extensions Posterior Offset Polycentric
 Spreader Bar Tibial Torsion _____°

FINISH

Straps

Leather Dacron Eyelets Calf Lacer Thigh Lacer
 Instep PTB POS Check 4 Buckle 5 Buckle
 T Strap Medial Lateral
 Other _____

Color

Black White Smoked Elk Brown Other _____

Shoes

Heel Lift _____ Heel & Sole Lift _____
 Medial Wedge _____ Lateral Wedge _____
 Steel Shank _____ Other _____

NOTES

TURNAROUND TIMES