

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

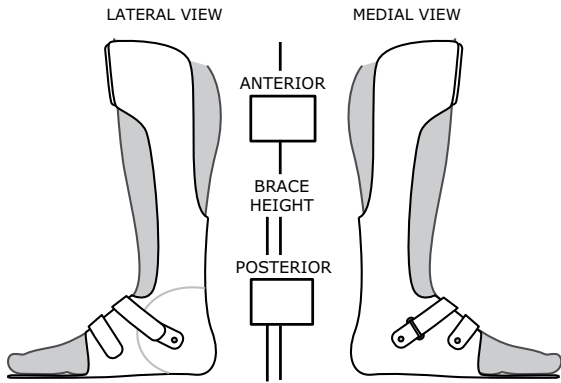
OPS INVOICE/NG ENCOUNTER: _____

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

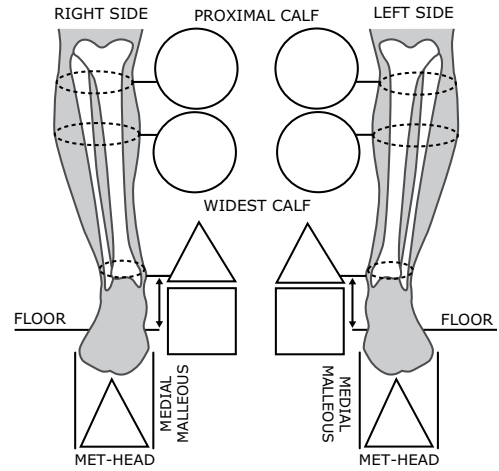
Neutral As Casted
 ____° Dorsi /Plantar

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

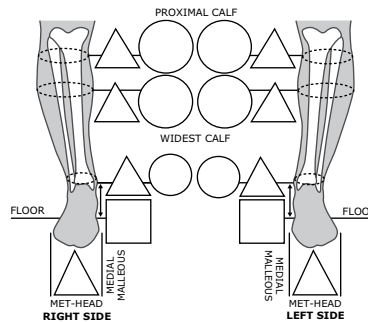
Please indicate finished post height - inches or centimeters

RIGHT			LEFT		
VALGUS	VARUS	NEUTRAL	NEUTRAL	VARUS	VALGUS
<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		
LATERAL EXT	MEDIAL EXT	STD-NO EXT	LATERAL EXT	MEDIAL EXT	STD-NO EXT
<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](#)