

**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:** \_\_\_\_\_

MALE  FEMALE **ACTIVITY LEVEL**  K-1  K-2

LEFT  RIGHT  K-3  K-4

**OPS INVOICE/NG ENCOUNTER:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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

**HFN:**  ANAHEIM  ORLANDO

**STANDARD**

**Standard Silicone Partial Foot Includes:**  
• 1/4" Silicone End Pad

**NON-STANDARD OPTIONS**

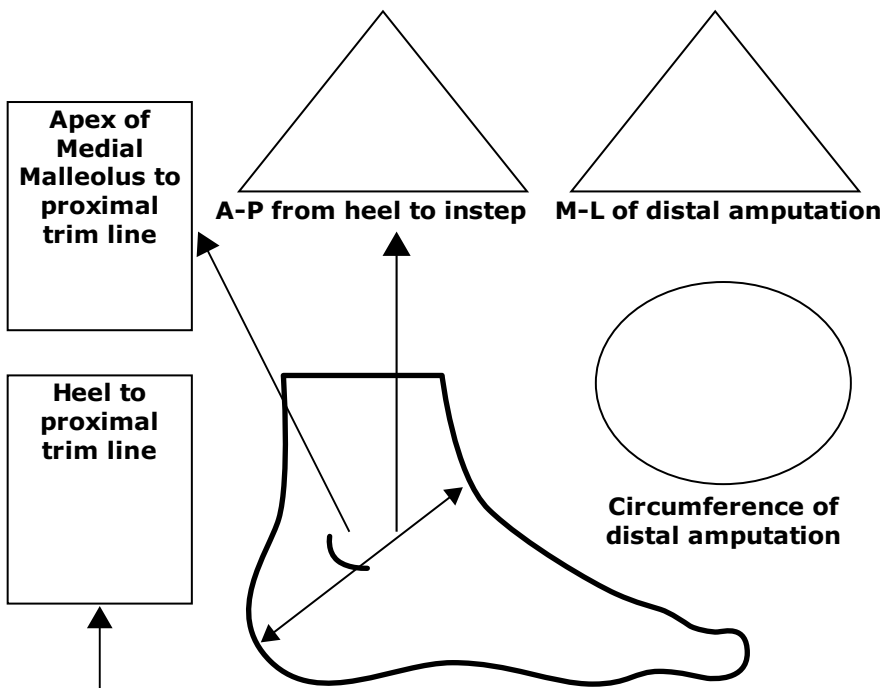
- Silicone with Zipper
- Silicone Slipper Style
- Leather Lace Front
- Toe Filler
- Install Carbon Plate
  - Very Soft  Firm
  - Soft  X Firm
  - Med  XX Firm

Install Toes

*Type:* \_\_\_\_\_

Add Distal End Pad

*Type:* \_\_\_\_\_



<b>1</b>	<b>We must have a shoe to fabricate prosthesis</b>	<b>2</b>	<b>Please draw alignment lines on the cast</b>	<b>3</b>	<b>Please mark the desired height on cast</b>	<b>4</b>	<b>Please cast patient in 90° position</b>
----------	--	----------	--	----------	---	----------	--

**NOTES**

**TURNAROUND TIMES**