

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: _____

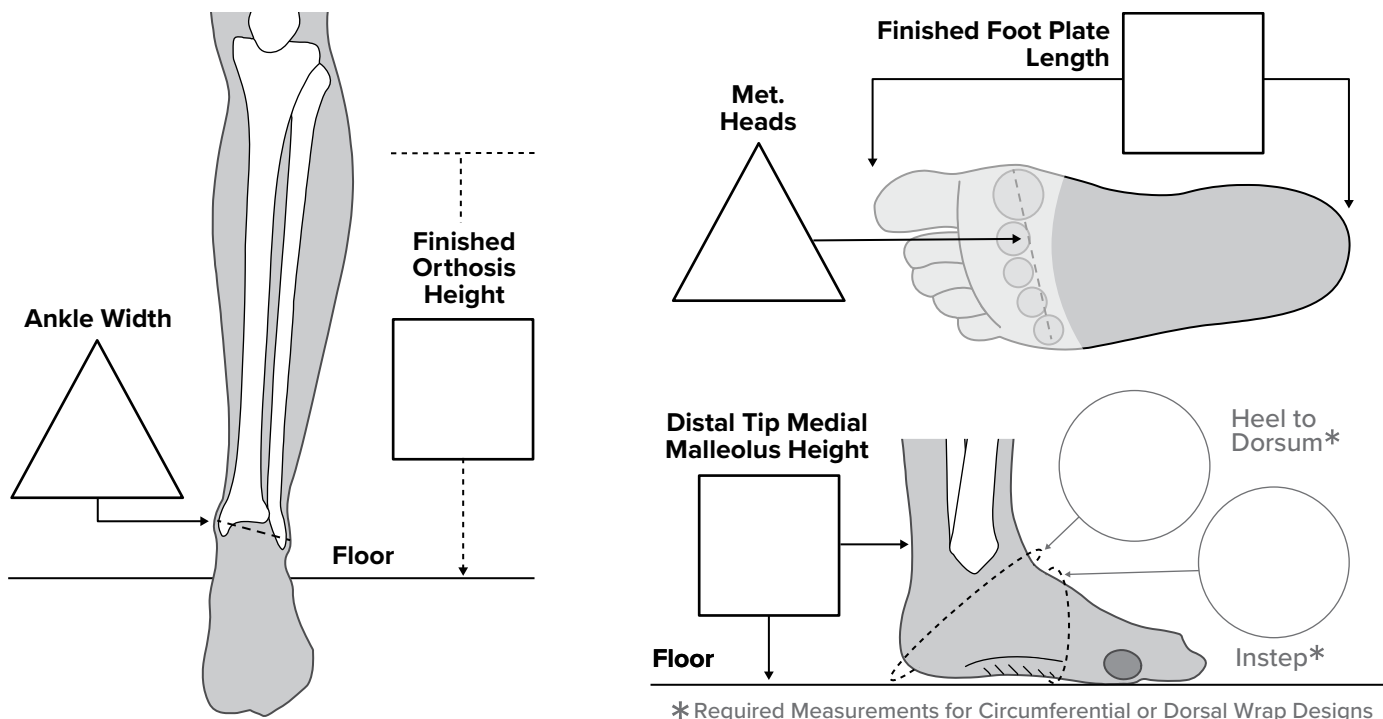
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: HOUSTON

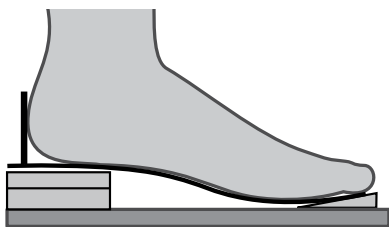
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



TUNING CRITICAL MEASUREMENTS

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)
Positive Model: Unmodified Modified Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm
Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID:** _____

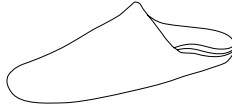
PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

TMA INSERT

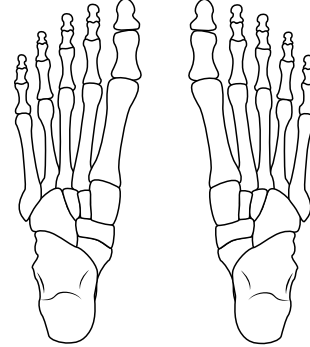
DESIGN: Cork Base, Poron Inner, Plastazote Top Cover

REQUIREMENTS

- Complete Measurements (Page 1)
- Cast for TMA Insert on Casting Block
- Cast above Ankle
- Capture Distal End/Met Head Shape
- Provide Shoe
- Provide Foot Tracing
- Draw Amputation Level



DRAW AMPUTATION LEVEL

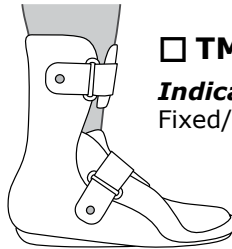


INSERT + AFO

REQUIREMENTS

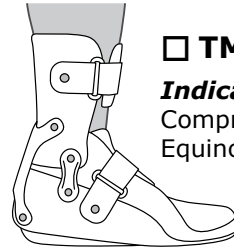
- Pre-fit TMA Insert
- Cast over TMA Insert on Casting Board
- Complete Measurements (Page 1)
- Provide Shoe and Insole Tracing

DESIGN OPTIONS



TMA 1
Indication:
Fixed/Painful Ankle

Design:
Mid-Calf, Copoly, Solid AFO,
Northvane SMO, TMA insert



TMA 2
Indication:
Compromised Skin,
Equino-Varus, PF Contracture

Design: Mid-Calf, Copoly,
Articulated AFO, Northvane SMO,
TMA Insert, Launchpad Joint and X

****For XOS Design See Separate Order Form****

NOTES _____

TURNAROUND TIMES