

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

NG ENCOUNTER #: _____

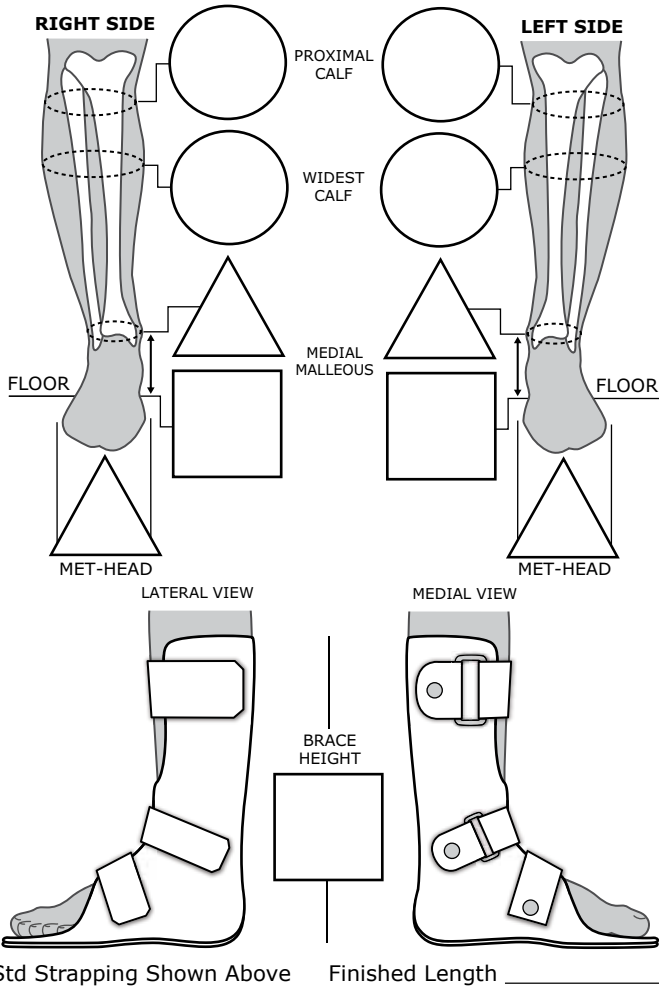
MEASUREMENT DATE: _____

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

MEASUREMENTS (REQUIRED)



DESIGN

Footplate Modifications None Mild Aggressive

Right Ankle Alignment

Neutral As Casted
 _____° Dorsi /Plantar

Left Ankle Alignment

Neutral As Casted
 _____° Dorsi /Plantar

Right Heel Alignment

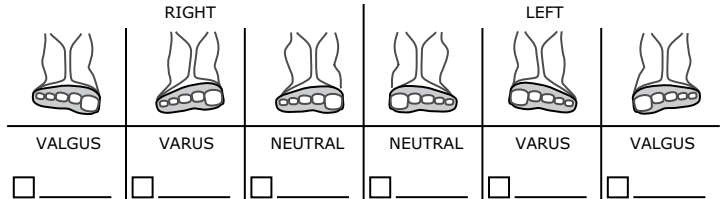
Neutral As Casted

Left Heel Alignment

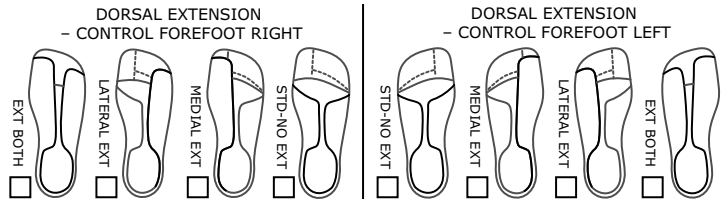
Neutral As Casted

FOREFOOT ALIGNMENT

Please indicate finished post height – inches or centimeters



Dorsal Wrap Yes No



Pattern Transfer _____

Additional Padding

Posterior Proximal Calf
 Navicular
 Other _____

Posting

None/Std Full Plantar
 Heel Post Heel & Midfoot
 Other _____

FINISHING Cats Paw

Finished Unfinished (send straps unattached) None

Straps White Strap Standard Other _____

Pads White Pad Standard Other _____

Shoe Style _____ Size _____

Socks Additional Quantity _____

NOTES

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#)