

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

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

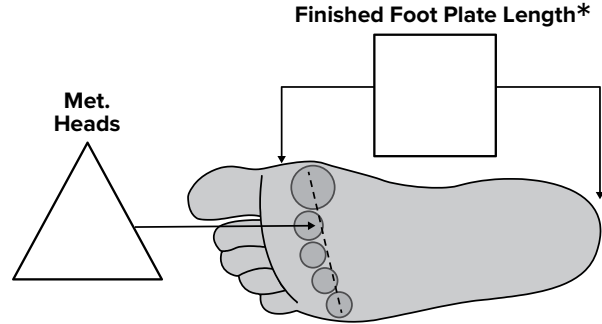
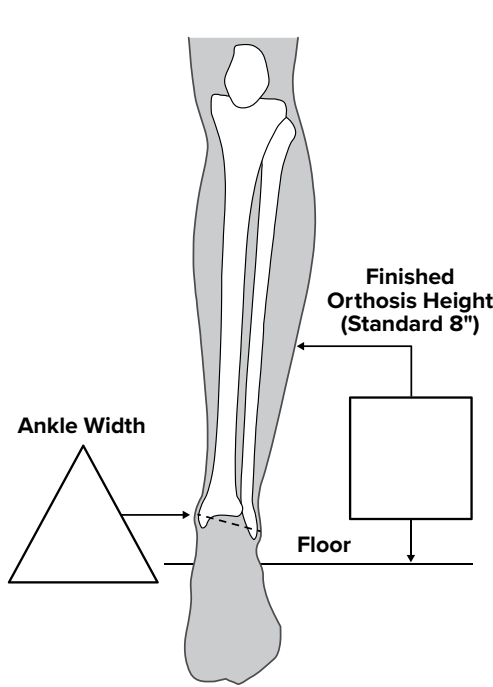
IN-OFFICE REQUEST DATE & TIME: _____

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

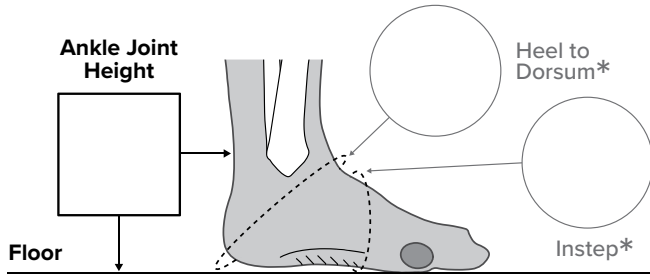
HFN: PHOENIX ORLANDO

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

PATIENT MEASUREMENTS (REQUIRED)



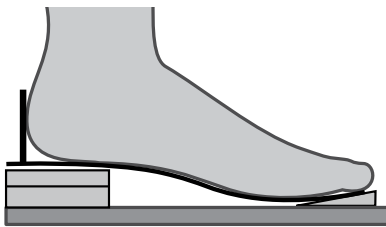
* Footplate length = inside AFO heel to proximal met heads (plastic)
Finished length = inside AFO heel to proximal met heads +1/4" leather ext



* Required Measurements for Circumferential or Dorsal Wrap Designs

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)
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 _____

DEVICE

AFO DESIGNS

- Standard 8" (F1904)** Tall +8" (F1907) Short 6" (F1902)
- Articulated (F1909) Extended AFO (F1905)
- Black Fabric (Sure-18) Balance Brace (Sure-19) Black Fabric ONLY

Modifications

- Standard**
- Intrinsic Heel Mod** _____ ° Medial Lateral
- Additional Build Ups/Reductions (detail in notes section)
- Heel Height: None Other _____

Corrected Ankle Position

- Neutral** As Is Other: DF _____ ° PF _____ °

Final Corrected Forefoot Position

- Right: **Neutral** As Is Other _____
- Left: **Neutral** As Is Other _____

Final Corrected Hindfoot Position

- Right: **Neutral** As Is Other _____
- Left: **Neutral** As Is Other _____

DESIGN

Ankle Joints None

- Tamarack Optns: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
- Other _____

TRIMLINES

Inner Frame

- Heel Cut Out, Leather Covered** Heel Cut Out, Leather Cut Out
- Solid Heel, No Cut Out SMO – Elastic Gussett Semisolid

NOTES

DESIGN (continued)

Midfoot

- Standard** Mid Min

Forefoot

- Standard** Ext. Lat Ext Med Other _____

Footplate

- Met** Sulcus Full
- Ext. Heel Post _____ ° Medial Lateral
- Ext. Forefoot Post _____ ° Medial Lateral

- Proximal Flare** Yes No

THERMOFORMING

Plastic Type



- Polypropylene** ProComp (Additional Charge)

Thickness

- 1/8"** 5/32" 3/16" Other _____

FINISHING

Closures

- Lace** Speed Lace  Boot Hook 
- Velcro Velcro Top/Lace Bottom
- Velcro Overlay Velcro w/Chafes

Straps

- Chafe Medial Chafe Lateral Instep
- 1" 1 1/2"

Material

- ECO Tex** Leather

- Color:** **Black** Brown White Bone Pink

TURNAROUND TIMES