

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: _____

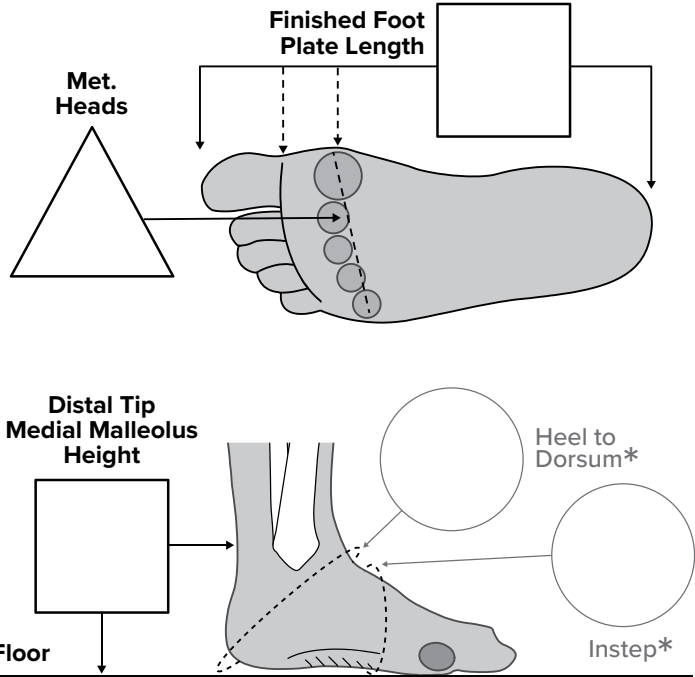
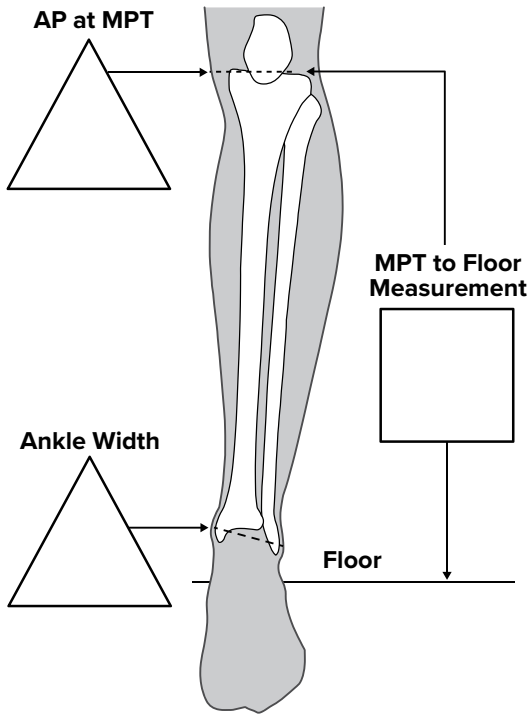
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

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

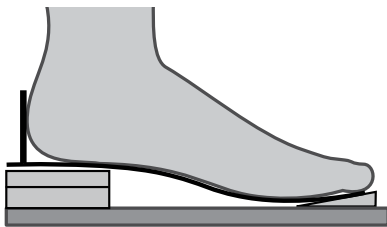
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Floor Reaction 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 DESIGN

- [Floor Reaction \(Top Entry\)](#) [Floor Reaction \(Posterior Entry\)](#)
- [PTB](#) [Anterior Removable Shell](#)

Articulated: Yes No

Modifications

- [Standard](#) [Tone Reduction](#) [ST Mod](#)
- [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 Unfinished: Do NOT Articulate
- Tamarack Optns: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
- Other _____

Posterior Stops

Plastic Block Becker 795 Becker 655 PAS

TRIMLINES

Midfoot

Standard Mid Min Dorsal Wrap

Forefoot

Standard Ext. Lat Ext Med Other _____

Footplate

Met Sulcus Full **Proximal Trim** Standard Wing Trim

Varus/Valgus Prevention

Right: Varus Valgus Pad Supramalleolar Extension

Left: Varus Valgus Pad Supramalleolar Extension

Ext. Heel Post _____° Med Lat Plastic Crepe

Ext. Forefoot Post _____° Med Lat Plastic Crepe

Proximal Flare: Anterior Superior Anterior Inferior Posterior

NOTES

Empty box for notes.

THERMOFORMING

Plastic Type

Polypropylene Copolymer Modified Polyethylene

Thickness

3/32" 1/8" 5/32" 3/16" 1/4" Other _____

TRANSFER/PLASTIC COLOR

Anterior Posterior Both

Description/# _____

Reinforcement

Corrugation Compcore Other _____

PADDING (detail in notes section)

Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

1/8" 5/32" 3/16" 1/4"

Location

Full Device Full Foot Navicular Lat Mal Med Mal

ANTERIOR SHELL

Plastic Type

Polypropylene Copolymer Modified Polyethylene

Thickness

3/32" 1/8" 5/32" 3/16" 1/4" Other _____

PADDING (detail in notes section)

Aliplast Plastazote Pelite/EVA

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

1/8" 5/32" 3/16" 1/4"

FINISHING

Finished Unfinished (send straps unattached)

Anterior Shell Strap

Leave Detached Wrap Around (no chafe)

Double Chafes (Butterfly Style) 1" 1 1/2" 2"

Ankle Strap

Leave Detached Chafe Medial Chafe Lateral Instep Fig 8

1" 1 1/2"

Strap Material

Velcro Only Leather Back Dacron Back Other _____

Strap Color

Black White Pink Red Beige Green Purple Blue

Non-Skid Surface

Right Left Bilateral **Glued:** Yes No

TURNAROUND TIMES