

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

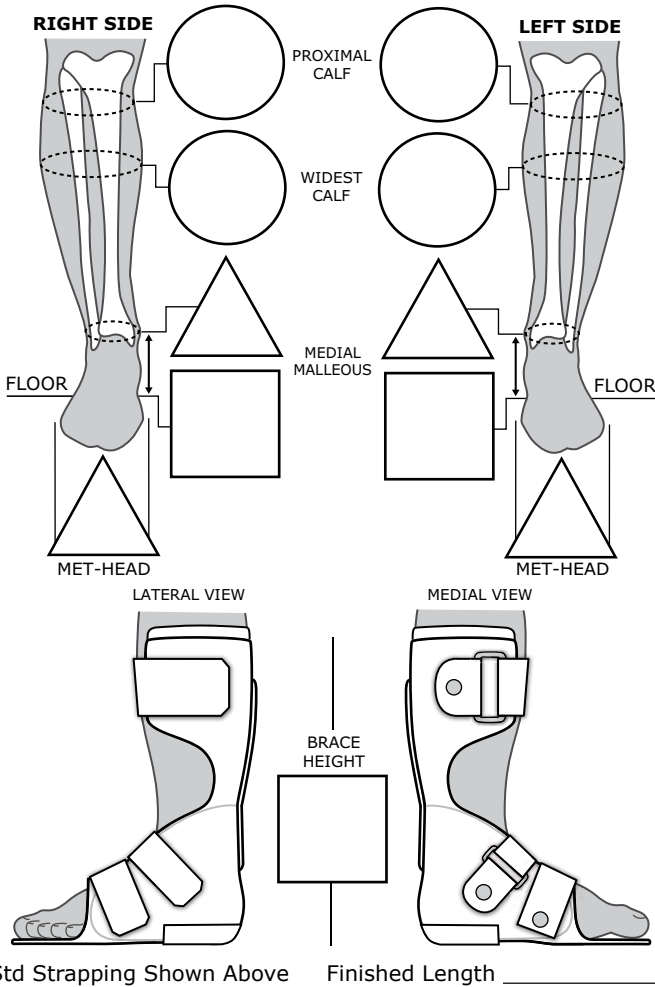
**MEASUREMENT DATE:** \_\_\_\_\_

**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

RIGHT			LEFT		
VALGUS	VARUS	NEUTRAL	NEUTRAL	VARUS	VALGUS
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Dorsal Wrap**  Yes  No

DORSAL EXTENSION – CONTROL FOREFOOT RIGHT				DORSAL EXTENSION – CONTROL FOREFOOT LEFT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pattern Transfer** \_\_\_\_\_

**Additional Padding**  
 Posterior Proximal Calf  
 Navicular  
 Other \_\_\_\_\_

**Posting**  
 None/Std  Full Plantar  
 Heel Post  Heel & Midfoot  
 Other \_\_\_\_\_

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINISHING**

Finished  Unfinished (send straps unattached)  None

**Straps**  White Strap Standard Other \_\_\_\_\_

**Pads**  White Pad Standard Other \_\_\_\_\_

**Shoe Style** \_\_\_\_\_ **Size** \_\_\_\_\_

**Socks** Additional Quantity \_\_\_\_\_

**TURNAROUND TIMES**