

**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

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

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

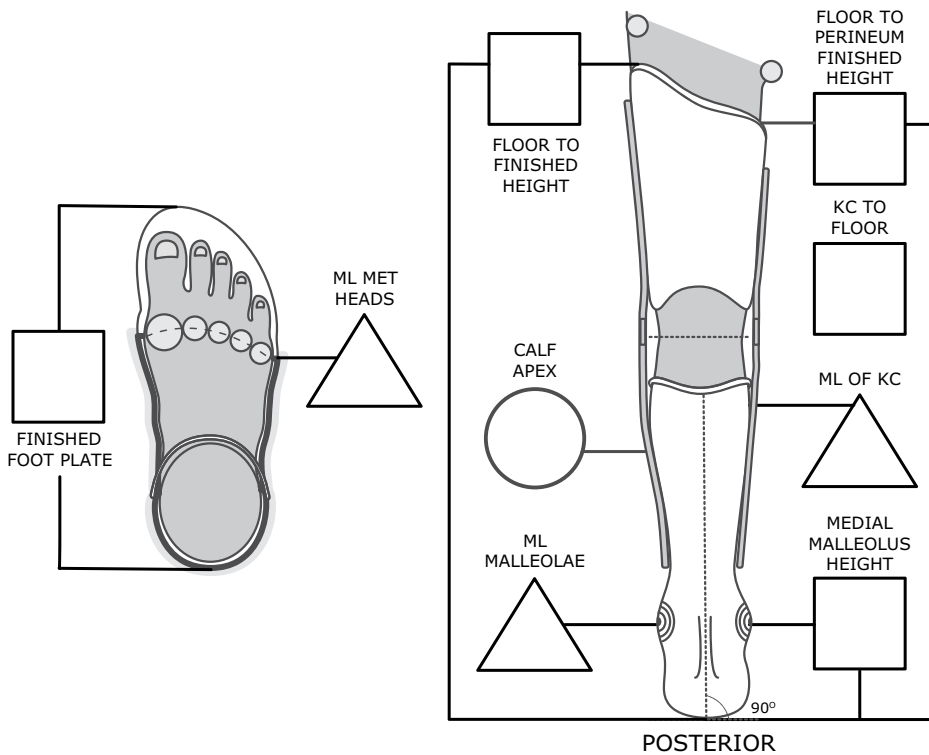
**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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

**HFN:**  PHOENIX  ORLANDO  KANSAS  CHICAGO  HOUSTON  OTHER \_\_\_\_\_

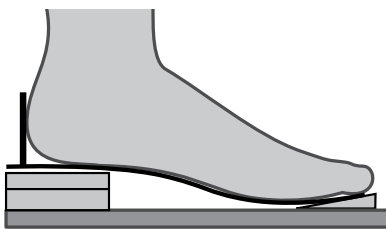
**If a Discrepancy Exists, Go By**  Impression  Measurements **Units of Measure**  Millimeters  Inches

**PATIENT MEASUREMENTS (REQUIRED)**



**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) **MEASUREMENTS** Average Cast Thickness \_\_\_\_\_ mm  
 Positive Model:  Unmodified  Modified  Direct Patient  
 Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_\_\_

**CLINICIAN:** \_\_\_\_\_ **PATIENT ID:** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT**  CELL  TEXT  EMAIL  NG MOBILE \_\_\_\_\_

**DESIGN**

**CAST CORRECTION**

- |                                   |                                   |                                    |
|-----------------------------------|-----------------------------------|------------------------------------|
| <b>Ankle</b>                      | <b>Heel</b>                       | <b>Forefront</b>                   |
| <input type="checkbox"/> DF ____° | <input type="checkbox"/> IN ____° | <input type="checkbox"/> SUP ____° |
| <input type="checkbox"/> PF ____° | <input type="checkbox"/> EV ____° | <input type="checkbox"/> PRO ____° |

**Knee**

- Varum  Valgum  Flexion  Extension

**MODIFICATIONS**

- |                                      |          |                                      |          |
|--------------------------------------|----------|--------------------------------------|----------|
| <b>+/Buildups</b>                    | Location | <b>-/Reductions</b>                  | Location |
| <input type="checkbox"/> 1/8"        | _____    | <input type="checkbox"/> 1/8"        | _____    |
| <input type="checkbox"/> 5/32"       | _____    | <input type="checkbox"/> 5/32"       | _____    |
| <input type="checkbox"/> 3/16"       | _____    | <input type="checkbox"/> 3/16"       | _____    |
| <input type="checkbox"/> 1/4"        | _____    | <input type="checkbox"/> 1/4"        | _____    |
| <input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Other _____ |          |
|                                      |          | <input type="checkbox"/> PTB         |          |

**TRIMLINES**

**Brim**

- IC  
 Quad  
 Other \_\_\_\_\_

**Shank**

- Blounts  
 Pretibial Shell  
 Varus Mod  
 Valgus Mod

**Footplate**

- Standard/Full**  
 Mets  
 Sulcus  
 Other \_\_\_\_\_

**Forefoot**

- Ext. Lateral  Ext. Medial  
 Dorsal Wrap  
 UCB Insert  
 Inner Boot\* \_\_\_\_\_  
\*Provide Heel-Dorsum O

**MATERIAL SELECTION**

Transfer:  None  Design \_\_\_\_\_

**Plastic**

- Polypropylene**  
 Copolymer  
 Polyethylene  
 Other \_\_\_\_\_

**Thickness**

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

**Padding**

- Full Liner  
 Aliplast  
 Plastazote  
 Pelite  
 Other \_\_\_\_\_

**Thickness**

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

**Location**

- Full Thigh  
 Full AFO  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Reinforcement**

- Corrugation  
 Polycarbon C  
 Other \_\_\_\_\_

**MATERIAL SELECTION (cont.)**

**Ankle Joints**

- Camber Axis  
 DAAJ  
 Free Motion  
 Gaffney  
 Gillette  
 Klenzak  
 Oklahoma  
 Tamarack  
 Tamarack-Dorsi Assist  
 Other \_\_\_\_\_

**Posterior Stops**

- Free Motion  
 Motion Control Limiter (755)  
 Motion Control Limiter (795)  
 Pas Elite 100

**Knee Joints**

- Single Upright  Medial  Lateral  Double Uprights  
 Bar Size  3/16 x 5/8  3/16 x 3/4  Other  
 Material  AL  SS  TI  
 Bail Lock  
 Drop Lock  
 Drop Lock Retainers  
 Cam Lock  
 Dial Lock  
 Lerman  
 Polycentric  
 Spring Lever Lock  
 Step Lock  
 Trigger Release  
 Posterior Offset

**Finish Options**

- Growth Extensions  
 Polished Bars  
 Bars Under Plastic  
 Tibial Torsion Spreader Bar \_\_\_\_°

**FINISH**  Unfinished

**Straps**

- Leather  Dacron  
 Fig 8  Instep  
 Chafe Medial  Chafe Lateral  
 1"  2"  
 4 Buckle  5 Buckle  
 Patella  PTB  
 T Strap  POS Check Strap  
 Other \_\_\_\_\_

**Strap Color**

- Black  Purple  
 Blue  Red  
 Beige  Pink  
 Other \_\_\_\_\_

**Other**

- Vent Holes  
 Ext. Heel Post  Crepe  Plastic \_\_\_\_°  
 Ext. Forefoot Post  Crepe  Plastic \_\_\_\_°

**TURNAROUND TIMES**

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