

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

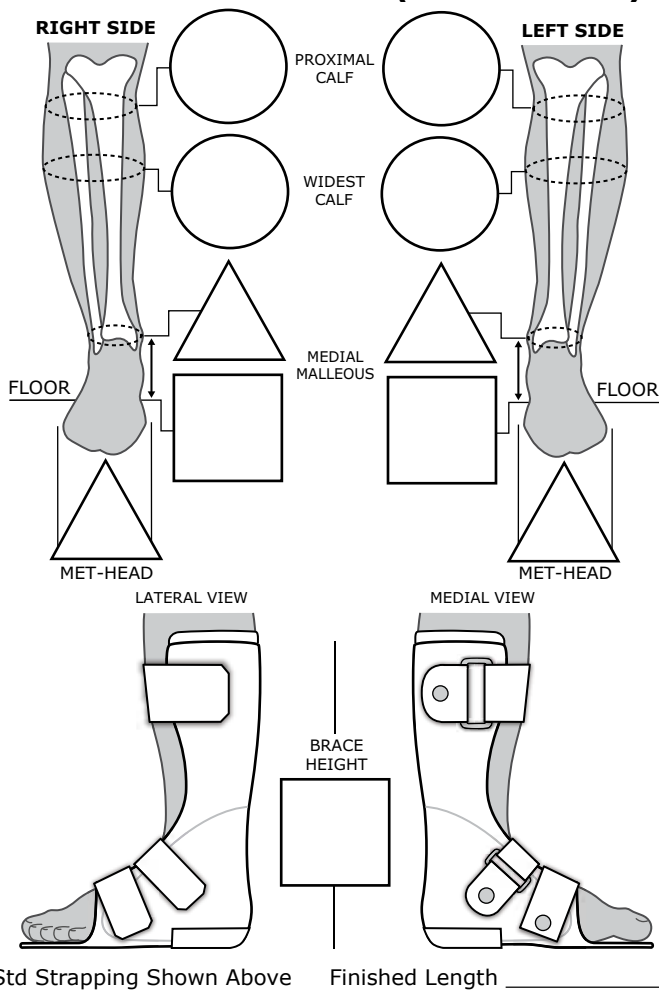
**MEASUREMENT DATE:** \_\_\_\_\_

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

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

**HFN:**  HOUSTON  ORLANDO (scootz)  PHOENIX  OTHER \_\_\_\_\_

**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**

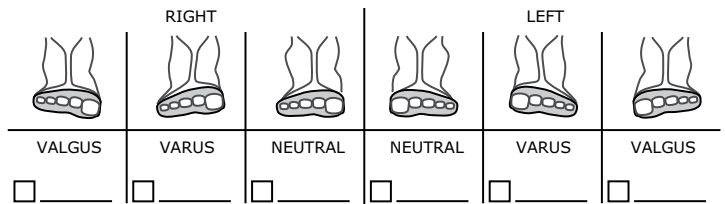
Neutral  As Casted

**Left Heel Alignment**

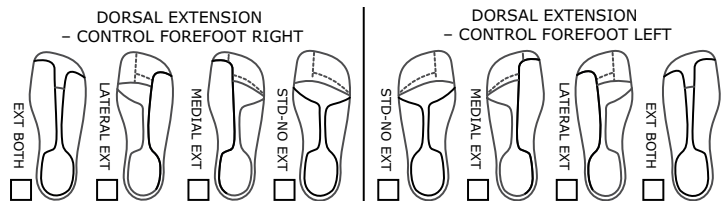
Neutral  As Casted

**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 \_\_\_\_\_

**Inner Boot Options (F3000)**  None

3/32 PE (Standard)  1/8 Proflex  1/8 Foam

**FINISHING**

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](#)