Hanger FABRICATION NETWORK

MEERKAT
TOE WALKER SMO | F1937

WORK ORDER #:
(LAB USE ONLY)

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: _____

*Cast required if over 80lbs

☐ MALE ☐ FEMALE

☐ LEFT ☐ RIGHT ☐ BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

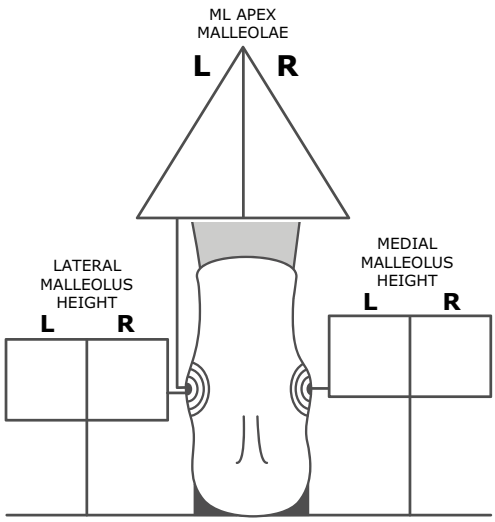
IN-OFFICE REQUEST DATE & TIME: _____

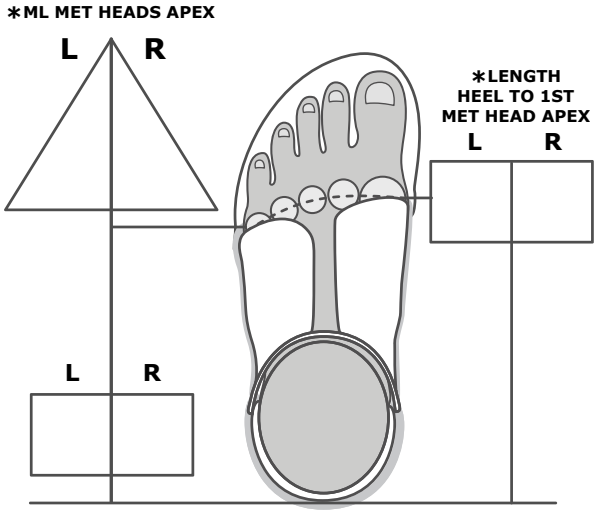
☐ PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

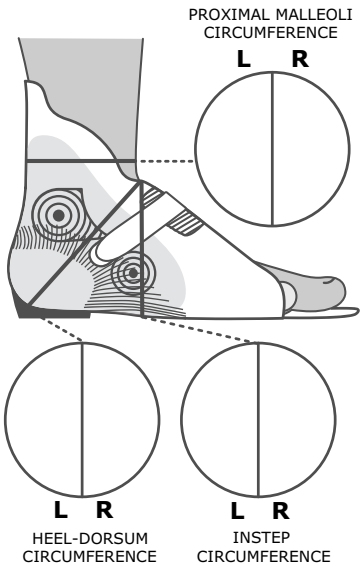
Email completed form to ☐ ORLANDO: **Orlando HFN_Orlando@Hanger.com**

MEERKAT STANDARD ☐ IN or ☐ CM *(Please indicate one)* **PLEASE PROVIDE ANATOMICAL MEASUREMENTS.**

∗CRITICAL MEASUREMENTS FOR FIT: 1) Length: Heel to 1st met head, apex 2) ML: Met heads, apex, semi-wt bearing







PLASTIC
☐ 1/16" STANDARD (Patients ≤ 80lbs)
☐ 3/32" OPTION (Patients ≥ 80lbs, **Cast Required**)

STRAPS ☐ INSTEP ☐ FOREFOOT

STRAP COLORS
☐ RED ☐ BLUE ☐ WHITE ☐ BLACK
☐ PINK ☐ PURPLE ☐ YELLOW ☐ GREEN

TRANSFER #: _____

SHOES ☐ YES ☐ NO

SHOE STYLE: _____ SIZE: _____

OTHER
☐ PLASTIC HEEL POST ☐ CREPE HEEL POST
☐ INNER BOOT (F3000) ☐ NON-SKID SOLE

DORSAL PADS: _____ QTY

ADDITIONAL SOCKS: _____ QTY

FOOTPLATE
☐ STANDARD (FULL FOOT LENGTH)

SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the **Daily HFN Capacity Webpage**.