

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: \_\_\_\_\_

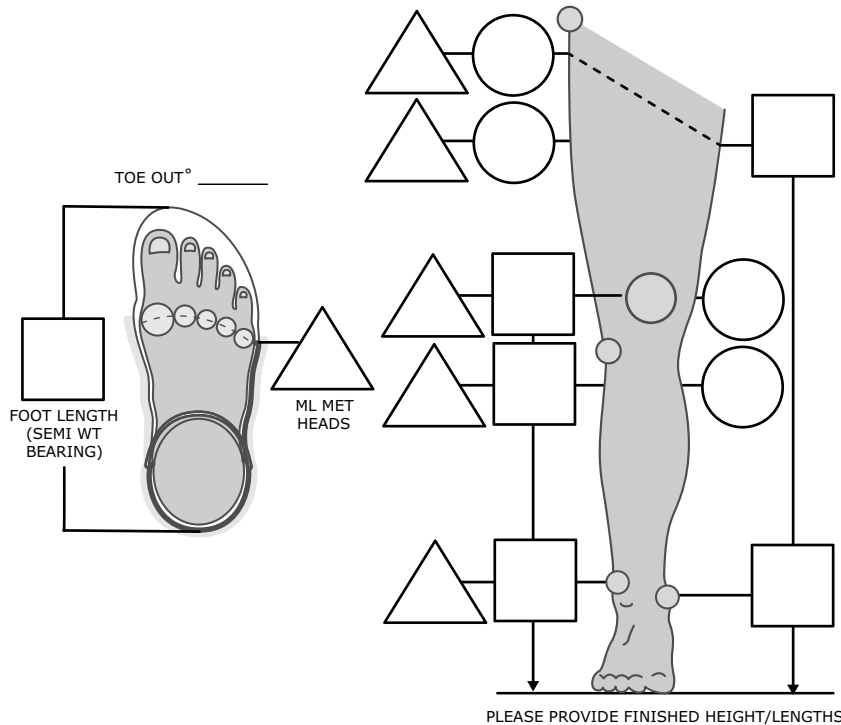
IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

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

HFN:  KANSAS  ORLANDO  PHOENIX

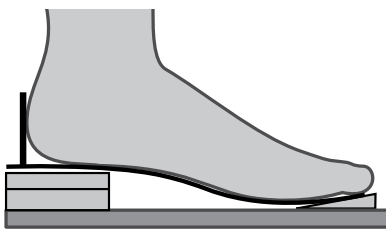
If a Discrepancy Exists, Go By  Impression  Measurements **Units of Measure**  Millimeters  Inches

**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)

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 \_\_\_\_\_

**DESIGN OPTIONS**

Single Upright  Double Upright

**CORRECTED TRACING IS REQUIRED**

**CAST CORRECTION**  N/A

<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 _____°

**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	_____

**MATERIAL SELECTION**  AL  SS  TI

**Bar**  
 1/4 x 3/4"  1/4 x 5/8"  3/16 x 1/2"  3/16 x 3/4"  
 3/16 x 5/8"  1/8 x 1/2"  Other \_\_\_\_\_

**Pre-Set**  
 Pins  Springs  DF \_\_\_\_\_°  PF \_\_\_\_\_°

**NOTES**

**Stirrup**

Solid  Solid-Extended  
 Solid-White  Split  
 UCBL  
 Other \_\_\_\_\_

**Ankle Joints**

DAAJ  Free Motion  
 Limited Action  
 Dorsi Assist  
 Other \_\_\_\_\_

**Knee Joints**

Bail Lock  Drop Lock  Cam Lock  Dial Lock  Step Lock  
 Spring Lever Lock  Ball Retainers  Trigger Release  
 Growth Extensions  Posterior Offset  Polycentric  
 Spreader Bar  Tibial Torsion \_\_\_\_\_°

**FINISH**

**Straps**

Leather  Dacron  Eyelets  Calf Lacer  Thigh Lacer  
 Instep  PTB  POS Check  4 Buckle  5 Buckle  
 T Strap  Medial  Lateral  
 Other \_\_\_\_\_

**Color**

Black  White  Smoked Elk  Brown  Other \_\_\_\_\_

**Shoes**

Heel Lift \_\_\_\_\_  Heel & Sole Lift \_\_\_\_\_  
 Medial Wedge \_\_\_\_\_  Lateral Wedge \_\_\_\_\_  
 Steel Shank \_\_\_\_\_  Other \_\_\_\_\_

**TURNAROUND TIMES**