Hanger FABRICATION NETWORK

PANTHER
Night Time Stretching AFO | F1931

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: _____

☐ MALE ☐ FEMALE *Cast required if over 80lbs

☐ LEFT ☐ RIGHT ☐ BILATERAL

NG ENCOUNTER #: _____

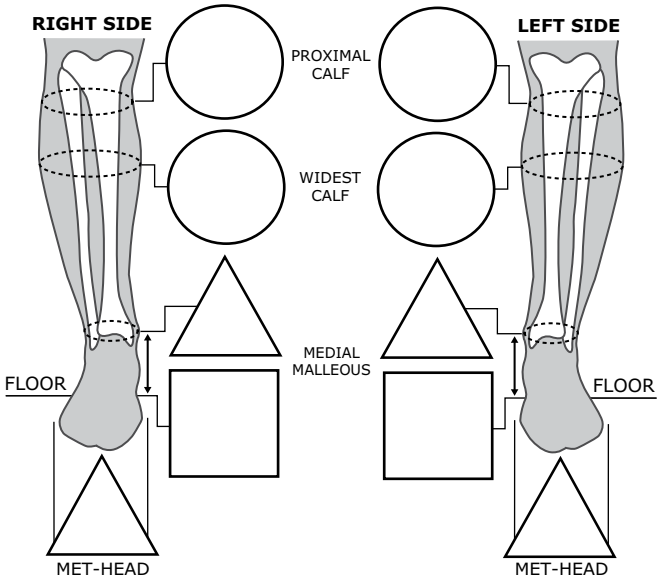
MEASUREMENT DATE: _____

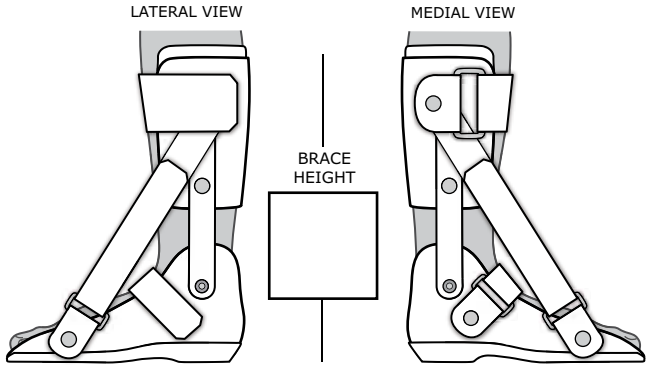
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: ☐ CHICAGO ☐ CROMWELL ☐ HOUSTON ☐ ORLANDO (scootz) ☐ PHOENIX ☐ ROCHESTER

MEASURMENTS (REQUIRED)





Std Strapping Shown Above Finished Length _____

NOTES

DESIGN

Footplate Modifications ☐ None ☐ Mild ☐ Aggressive

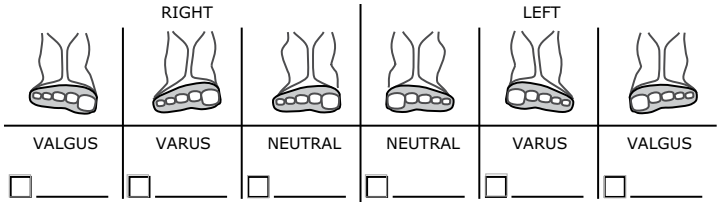
Right Ankle Alignment
☐ Neutral ☐ As Casted
☐ _____° Dorsi ☐ /Plantar ☐

Left Ankle Alignment
☐ Neutral ☐ As Casted
☐ _____° Dorsi ☐ /Plantar ☐

Right Heel Alignment
☐ Neutral ☐ As Casted

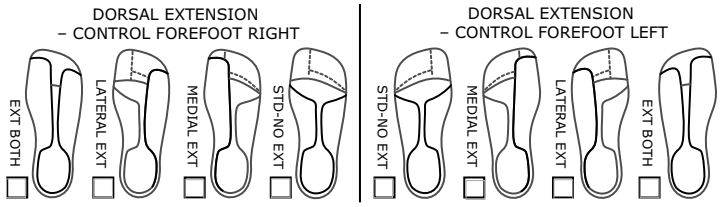
Left Heel Alignment
☐ Neutral ☐ As Casted

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 _____

TURNAROUND TIMES

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