

| PCC #: | CLINICIAN: | | | |
|--|--|--|--|--|
| BILL TO: | PREFERRED CONTACT METHOD: | | | |
| ADDRESS: | PATIENT ID: | | | |
| | HEIGHT: WEIGHT: AGE: | | | |
| SHIP TO: SAME AS BILLING | □ MALE □ FEMALE | | | |
| ADDRESS: | NG ENCOUNTER #: | | | |
| | MEASUREMENT DATE: | | | |
| SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D) OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A) ☐ OTHER: | IN-OFFICE REQUEST DATE & TIME: PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger) | | | |
| HFN: ☐ ANAHEIM ☐ KANSAS CITY ☐ ORLANDO ☐ PHOENIX | | | | |

MEASURMENTS (REQUIRED) M-L AT METATARSAL HEAD

| IN OFFICE REQUES | I DAIL & IIIIL | • —— | | | |
|--|----------------------|------------|---------------------|----------------|--|
| ☐ PROJECT NEWTO | ON (Credit applied o | n prior au | th. denial, details | on One Hanger) | |
| □ORLANDO □P | HOENIX | | | | |
| | DES | IGN | | | |
| CONTRAC | | , and | | | |
| Hip Flexion | | kion | Plantari | flexion | |
| □ N/A | □ N/A | | □ N/A | | |
| ° | | o | | ° | |
| COMPONE | NTS | | | | |
| Cable Type | | _ | | | |
| ☐ Horizontal ☐ |] Dual □ Roc | ker Baı | r (Metal Pelvic | Section Only) | |
| Pelvic Section ☐ Plastic Band | ☐ Metal Band | d | | | |
| Uprights | | | | | |
| ☐ Single ☐ Do | uble | | | | |
| Hip Joints | Posting Ah | duction | n □ Non Al | aduation | |
| ☐ Reg. Thrust I | _ | auctioi | I LINOII-AI | Jauction | |
| ☐ Small (3/16 | | lium (1 | ./4 x 13/16 |) | |
| ☐ Large (5/16 | x 7/8) | | | | |
| Knee Joint | | | | | |
| ☐ Fillauer Cam Lock ☐ Drop Locks ☐ Bail Lock ☐ Other | | | | | |
| Knee Joint Bar | | | | | |
| □ 3/16 x 5/8 [| | □ 1/4 | x 3/4 | | |
| Heel Height | | | | | |
| □ 0" □ 1/4" | | | | | |
| NOTES ——— | | | | | |
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