

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

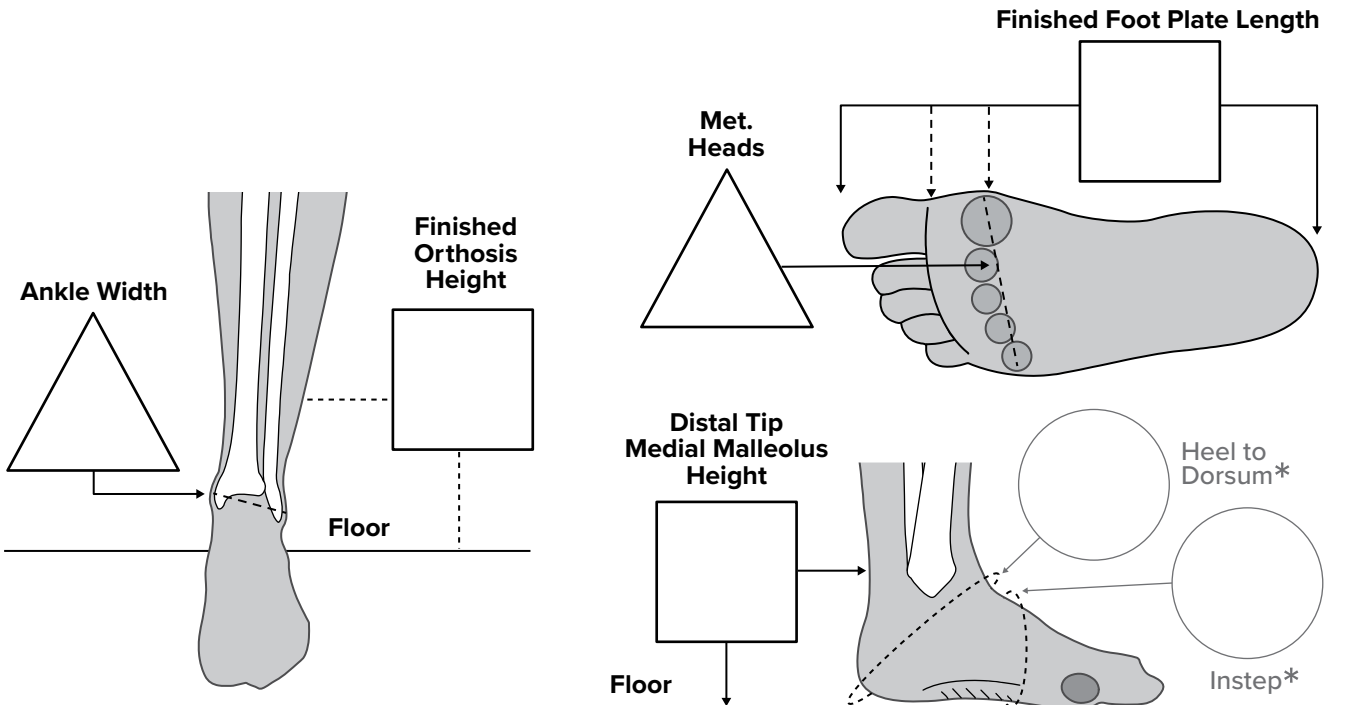
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

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

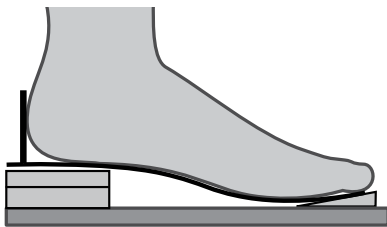
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap Designs

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 _____

DEVICE

DESIGNS

UCB SMO Inner Boot

Modifications

Standard Tone Reduction ST Mod
 Intrinsic Heel Mod _____° Medial Lateral
 Additional Build Ups/Reductions (detail in notes section)
 Heel Height: None Other _____

Corrected Ankle Position

Neutral As Is Other: DF _____° PF _____°

Final Corrected Forefoot Position

Right: Neutral As Is Other _____
 Left: Neutral As Is Other _____

Final Corrected Hindfoot Position

Right: Neutral As Is Other _____
 Left: Neutral As Is Other _____

DESIGN

TRIMLINES

Midfoot

Standard Mid Min Dorsal Wrap

Forefoot

Standard Ext. Lat Ext Med Other _____

Footplate

Met Sulcus Full
 Ext. Heel Post _____° Med Lat Plastic Crepe
 Ext. Forefoot Post _____° Med Lat Plastic Crepe

Proximal Flare Yes No

NOTES

THERMOFORMING

Plastic Type

Polypropylene Copolymer Modified Polyethylene

Thickness

3/32" 1/8" 5/32" 3/16" 1/4" Other _____

TRANSFER/PLASTIC COLOR

Description/# _____

PADDING (detail in notes section)

Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

1/8" 5/32" 3/16" 1/4"

Location

Full Device Full Foot Navicular Lat Mal Med Mal

INNER BOOT MATERIAL

Polyethylene EVA/Foam Other _____

Thickness

3/32" 1/8" 5/32" Other _____

FINISHING

Finished Unfinished (send straps unattached)

Ankle Strap

Leave Detached Chafe Medial Chafe Lateral Instep Fig 8
 1" 1 1/2"

Strap Material

Velcro Only Leather Back Dacron Back Other _____

Strap Color

Black White Pink Red Beige Green Purple Blue

TURNAROUND TIMES