

**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:** \_\_\_\_\_

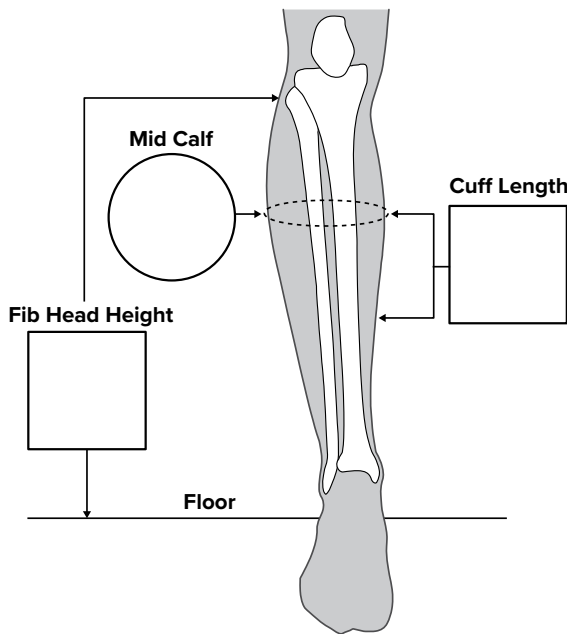
**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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

**HFN:**  HOUSTON

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

**MEASUREMENTS (REQUIRED)**



**DESIGN**

**Shoe Size** \_\_\_\_\_

**Cuff Style**  
 PTB Design  Anterior Shell  Leather A/P

**Foot Plate**  
 Standard  Partial Foot  
 Plate Size \_\_\_\_\_ Plate Strength:  Low  Medium  High

**Closure Type**  
 BOA Strap  Single Strap

**Finish**  
 Carbon  Pigmented  Custom Fabric

**Wedge Type**  
 \_\_\_\_\_  Glue the Sole

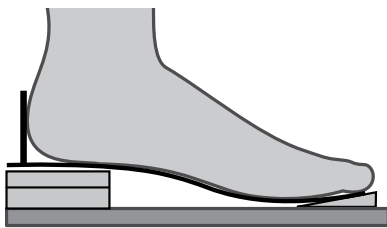
**Strut is provided with the kit.**  
**Complete this section only if the design deviates from kit.**

**PDE Spring Length**  
 300  250  200  175 Ped

**PDE Spring Category**  
 .5  .75  1  2  3  4  5  6  7  FK

**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) **MEASUREMENTS** Average Cast Thickness \_\_\_\_\_ mm  
 Positive Model:  Unmodified  Modified  Direct Patient  
 Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_\_\_

**TURNAROUND TIMES**

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).