HFN

3D MODULAR PARTIAL FOOT
Part A: Check Prosthesis

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 CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT:* _____ AGE: _____

DIAGNOSIS: _____ *Weight cannot exceed 275 lbs.

AFFECTED SIDE (Check One)
☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

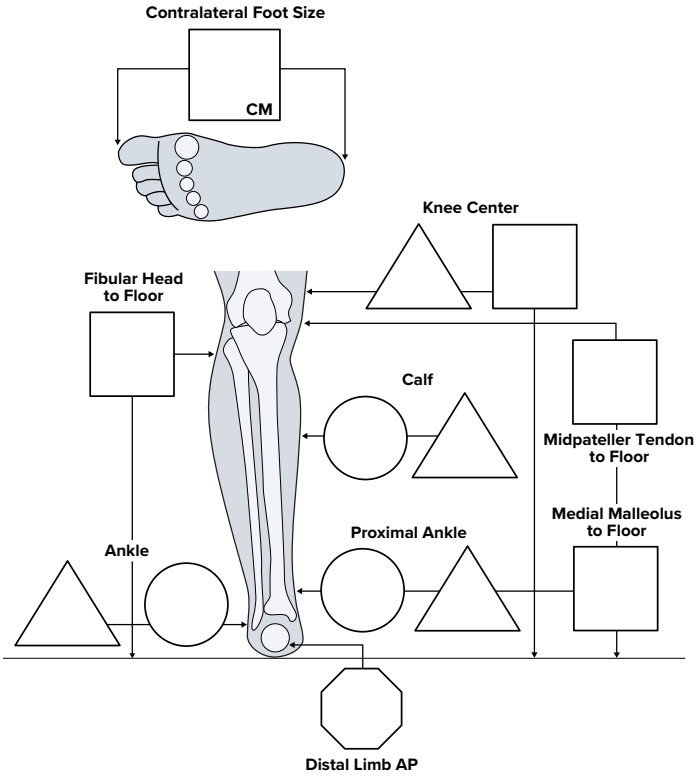
HFN: ☐ PHOENIX

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

MEASURMENTS (REQUIRED)

Cast Guidance

- Cast is required (or a scan of the cast in a .stl /.obj file type)
- Cast should be obtained in a non-weight bearing position in the most corrected alignment possible
- Cast must extend above the **proximal border of the patella**
- All measurements below are required to proceed with fabrication



DESIGN

Activity Level (Check One)

☐ Limited ambulator: sit to stand and transfer
☐ Household ambulator: level surfaces w/walking aids
☐ Limited community ambulator: level surfaces w/walkng aids
☐ Active community ambulator: mild inclines and declines with or without walking aids
☐ Independent ambulator: varied cadence, uneven surfaces and no walking aids
☐ Active ambulator: walking, running, some athletic activity

Standard Build Ups

☐ Lateral malleolus 6 mm ☐ Other: _____
☐ Medial malleolus 4 mm ☐ Other: _____
☐ Anterior aspect of the tallus 6 mm ☐ Other: _____

Distal End Pad

☐ Yes – trilaminate plastizote, poron, blue puff
☐ No

Activity Level

☐ Low ☐ Medium ☐ High

Coyote Dynamic Struts

☐ CD207XS Extra Soft > 70-150 lbs ☐ CD207S Soft > 90-200 lbs
☐ CD207M Medium > 125-225lbs ☐ CD207R Rigid > 200-280 lbs
☐ CD207XR Extra Rigid > 260-350 lbs

Pediatric Strut

☐ Consult required

Diagnostic Device Return

Clinician must confirm that the diagnostic device is being returned in the desired alignment for definitive fabrication (this includes: plantarflexion/ dorsiflexion, adduction/abduction of the limb, inset/outset of the foot, and rotation of the foot)

Notes:

HFN

3D MODULAR PARTIAL FOOT
Part B: Definitive Prosthesis

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 CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT:* _____ AGE: _____

DIAGNOSIS: _____ *Weight cannot exceed 275 lbs.

AFFECTED SIDE (Check One)
☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: ☐ PHOENIX

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

PRE-WORK CONFIRMATION

Was the Diagnostic Socket Modified?
☐ No ☐ Yes (indicate modifications)*
☐ Heat Relieve ☐ Pad ☐ Trim
* _____

Patient was Evaluated Walking in the Diagnostic Socket?
☐ Yes, Please Move to Definitive Device.
☐ No, Contact Me Before Moving Forward.

I am Satisfied with the Diagnostic Socket Fit (including modifications if listed).
☐ Yes, Please Move to Definitive Device.
☐ No, Contact Me Before Moving Forward.

Device is being returned in the desired alignment?
☐ Yes ☐ No, Contact Me Before Moving Forward.

Confirmed Contralateral Foot Size: _____

PROSTHESIS DESIGN/SPECIFICATIONS

Cuff Style (Choose 1)

☐ **TPU Wrap Around**
- Black color standard
- 2" layover strap (non-reinforced)

OR

☐ **PA 12 Rigid Cuff with Anterior Panel**
- **COLOR** (Choose 1)
  ☐ Black ☐ Gray ☐ Blue ☐ Pink
  ☐ Other _____
  (Current Sprout3D Helmet offering)
- Anterior panel lined with 1/8" black plastizote std.
- 2" dacron backed strap

Distal Design Style

Bivalve PA 12 Socket
- Anterior socket lined w/1/8" black plastizote std.
- 1.5" prox. dacron backed strap std.

ALTERNATE MATERIALS

Requests for alternate padding types,padding thickness, and strap materials/sizes will not be accomodated.
The 3D Modular Partial Foot has been designed so that the standard options support excellent outcomes for your patients.
If you would prefer no padding or straps, that can be indicated below.

Notes: