HFN

FLOOR REACTION, REAR ENTRY

Bobcat | F1930

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: _____

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

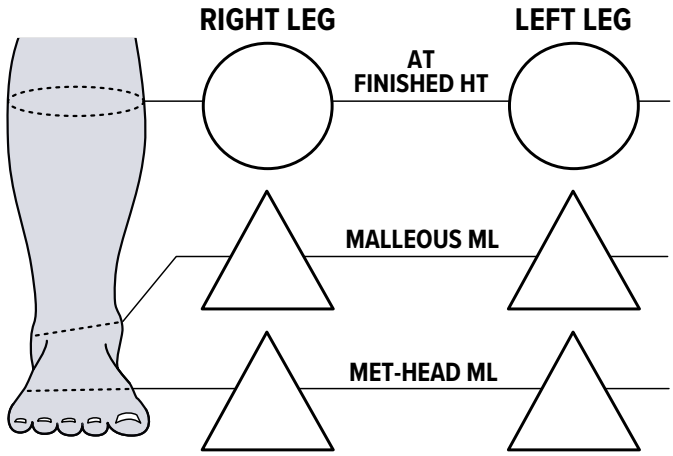
NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

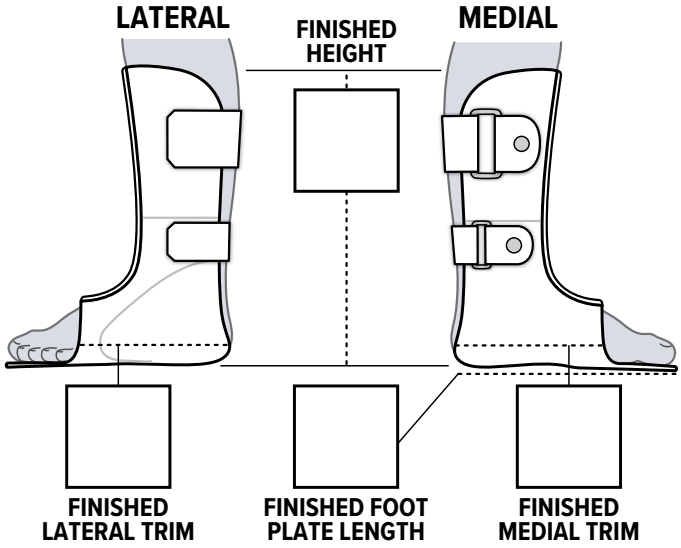
IN-OFFICE REQUEST DATE & TIME: _____

HFN: ☐ ORLANDO (scootz) ☐ HOUSTON ☐ OTHER _____

PATIENT MEASUREMENTS (REQUIRED)



DEVICE MEASUREMENTS (REQUIRED)



NOTES

MATERIAL

Plastic Type
☐ **Polypropylene** ☐ Copolymer ☐ Modified Polyethylene

Thickness
☐ **5/32"** ☐ 3/32" ☐ 1/8" ☐ Other _____

Inner Boot Options (F3000) ☐ None
☐ **3/32 LDPE** ☐ 3/32 Optiflex ☐ 1/8 Foam

MODIFICATIONS

Footplate: ☐ **None** ☐ Mild ☐ Aggressive

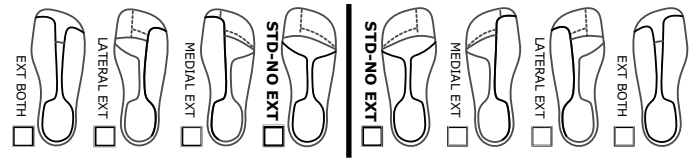
ALIGNMENT

	Right Foot	Left Foot
Ankle Alignment		
	☐ **Neutral** ☐ As Casted	☐ **Neutral** ☐ As Casted
	☐ ____° Dorsi ☐ /Plantar ☐	☐ ____° Dorsi ☐ /Plantar ☐
Heel Alignment		
	☐ **Neutral** ☐ As Casted	☐ **Neutral** ☐ As Casted

Forefoot Alignment

Right Foot			Left Foot		
VALGUS	VARUS	**NEUTRAL**	**NEUTRAL**	VARUS	VALGUS
☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____

FOREFOOT TRIMLINE



Dorsal Wrap: ☐ Yes ☐ No

FINISHING

Pattern Transfer: Option 1 _____
Option 2 _____

Additional Padding
☐ Posterior Proximal Calf
☐ Navicular
☐ Other _____

Posting
☐ **None** ☐ Full Plantar
☐ Heel Post ☐ Heel & Midfoot
☐ Other _____

☐ **Finished** ☐ Unfinished (send straps unattached) ☐ None

Straps: ☐ White Other _____

Pads: ☐ White Other _____

Socks: Additional Quantity _____ ☐ Non-skid

To review **PROJECTED TURNAROUND TIMES** visit Daily HFN Capacity Report