

**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)** \*Cast required if over 80lbs

LEFT  RIGHT or  BILATERAL: SYMMETRICAL  YES  NO

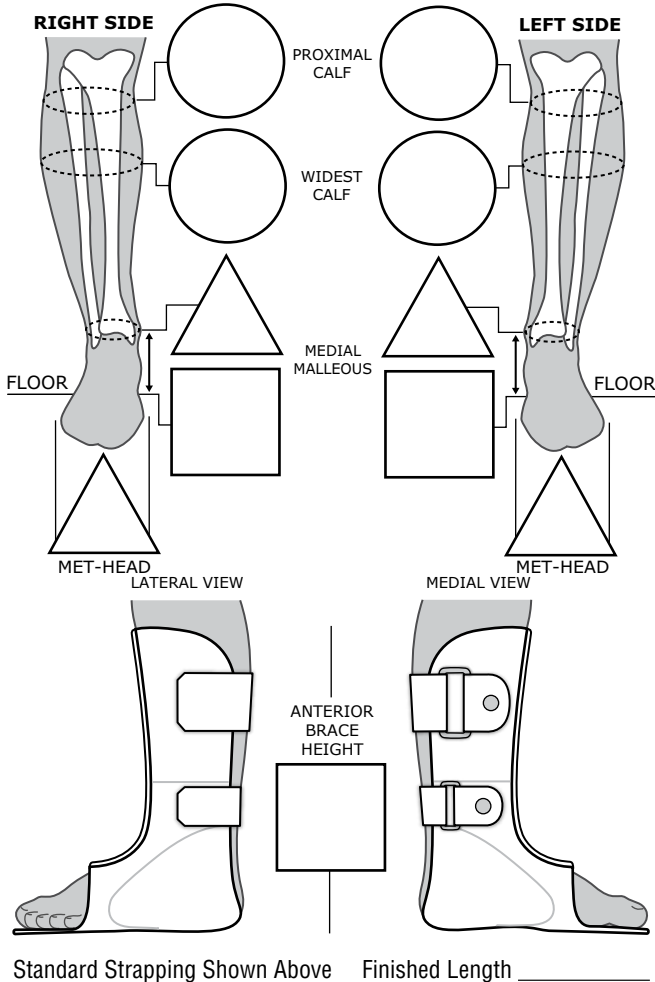
**ENCOUNTER #:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

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

**HFN:**  HOUSTON  ORLANDO (scootz)  PHOENIX  OTHER \_\_\_\_\_

**MEASUREMENTS (REQUIRED)**



**DESIGN**

**Plastic Type**

Polypropylene  Copolymer  Modified Polyethylene

**Thickness**

3/32"  1/8"  5/32"  3/16"  1/4"  Other \_\_\_\_\_

**Footplate Modifications:**  None  Mild  Aggressive

**Right Ankle Alignment**

Neutral  As Casted

\_\_\_° Dorsi  /Plantar

**Left Ankle Alignment**

Neutral  As Casted

\_\_\_° Dorsi  /Plantar

**Right Heel Alignment**

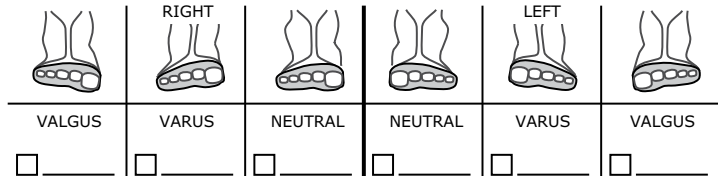
Neutral  As Casted

**Left Heel Alignment**

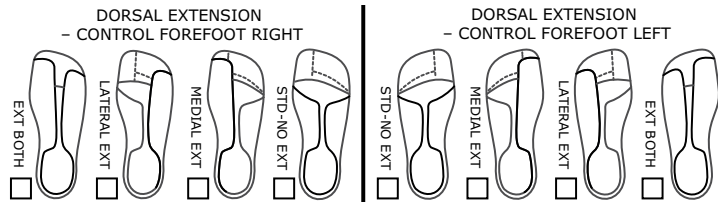
Neutral  As Casted

**FOREFOOT ALIGNMENT**

Please indicate finished post height – inches or centimeters



**Dorsal Wrap:**  Yes  No



**Pattern Transfer:** \_\_\_\_\_

**Additional Padding**

Posterior Proximal Calf

Navicular

Other \_\_\_\_\_

**Posting**

None/Std  Full Plantar

Heel Post  Heel & Midfoot

Other \_\_\_\_\_

**Inner Boot Options (F3000)**  None

3/32 PE (Standard)  1/8 Proflex  1/8 Foam

**FINISHING**

Finished  Unfinished (send straps unattached)  None

**Straps:**  White Strap Standard  Other \_\_\_\_\_

**Pads:**  White Pad Standard  Other \_\_\_\_\_

**Shoe Style:** \_\_\_\_\_ **Size** \_\_\_\_\_

**Socks:** Additional Quantity \_\_\_\_\_

**NOTES**

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