

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 or BILATERAL (If bilateral, please complete one order form for both right and left leg)

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX

REQUIREMENTS CHECK LIST

- CSA review & RCM approval
- Components ordered from HD-shipped to your PCC
- Cast for check socket & ship to HFN AZ
- Patient fitting & alignment
- Ship final aligned check brace, order form & components to HFN Phoenix

***ALL PATIENT MEASUREMENTS MUST BE INCLUDED**

UNITS OF MEASURE

- Centimeters Inches

MEASUREMENTS WERE TAKEN

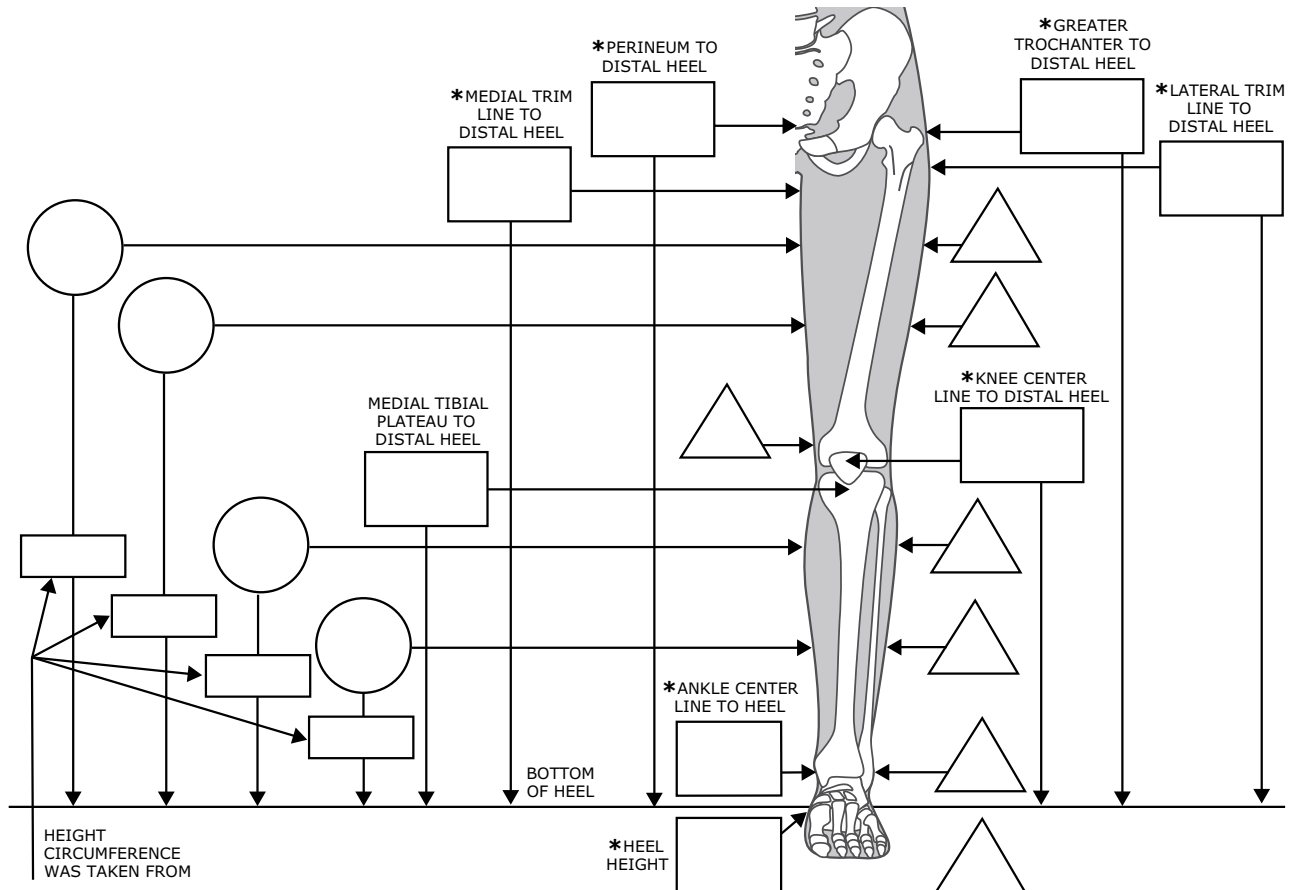
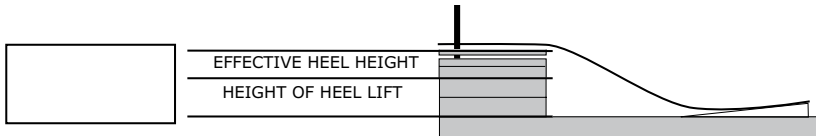
- Supine Semi Weight Bearing

FOOT EXTERNAL ROTATION

- 5° 7° Other: _____°

ACTIVITY LEVEL (check one)

- Limited household ambulator, sit to stand & transfers
- Household ambulator, w/walker or cane, cares for self
- Limited community ambulator, walks at slow cadence w/walker or cane on level surfaces
- Active community ambulator, walks w/or w/out cane at varying cadence on level and uneven paved surfaces w/curbs & ramps
- Independent ambulator, variable cadence, uneven surfaces both paved & unpaved
- Very active ambulator, runs & jumps & may participate in sporting activities



CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

CHECK SOCKET

Proximal Anterior Calf Fit

- Test orthosis fit was snug at medial and lateral calf, do not remove anterior flare modifications.
- Test orthosis fit was loose at medial and lateral calf, remove anterior flare modifications.

TECHNICIAN ONLY (Confirm components provided)

Ankle Joint (please select one)

Bilateral (Two Joints)

- 17LA3N=16-T(<187 lbs.) 17LA3N=20-T(<242 lbs.) 17AO100=22-T(≤ 275 lbs.)
- 17AD100=16-T(≤187 lbs.)* 17AD100=20-T(≤ 242 lbs.)* *Delivered with foot stirrup and lamination bars invoiced separately.

Unilateral (One Joint)

- 17AO100-20-T (190-220 lbs.) 17AO100-22-T (≤ 242 lbs.)

Straps and Tongues

- 2 Thigh straps, 1 calf strap both with floating tongue Adjustable Reel Closure
- 2 Thigh straps and 1 calf strap with no tongues
- Additional strap(s), Specify _____ Additional tongues(s), Specify _____
- 514Z9=40-7 Safe Lock slider buckles (for single-handed use instead of standard velcro closure)

Liner Options (includes 2 sets)

- EVA (black) Thickness _____ mm Terry Cloth (blue) AirFlex – standard option (black)

Note: The EVA liner is not removable and will not come with a second set of liners.

Corrective Pads

- Medial Thigh Medial Calf 3mm 4mm 5mm 6mm Other _____

FINISH

- Finished gloss Finished satin black Fabric design, Specify: _____

Proximal Thigh Flare: Yes No

Reduce Medial Knee Joint Clearance from Test Orthosis Design: _____ MM

Ankle Clearance for Ankle Joints(s): _____ MM Medial (**5 is standard**) _____ MM Lateral (**3 is standard**)

Jointed Lower Leg Optional Designs: Posterior calf with anterior tongue Floor reaction anterior calf (not applicable to leaf spring design)

NOTES

TURNAROUND TIMES