

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/NAME: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):

☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

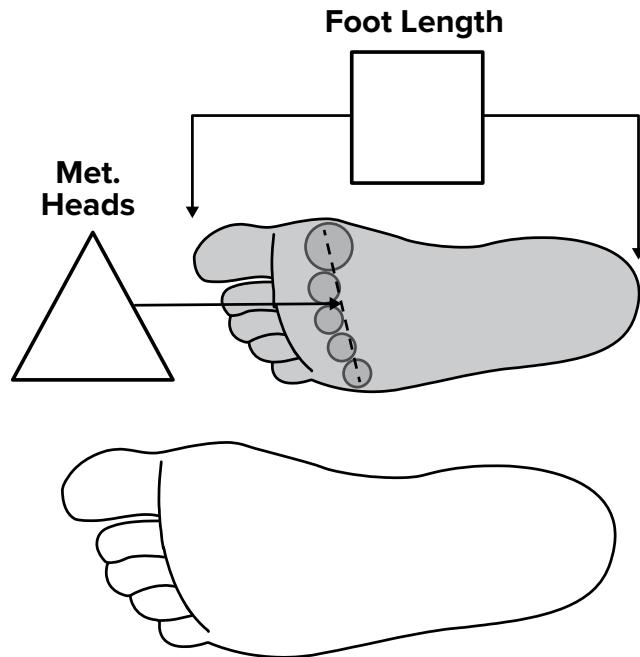
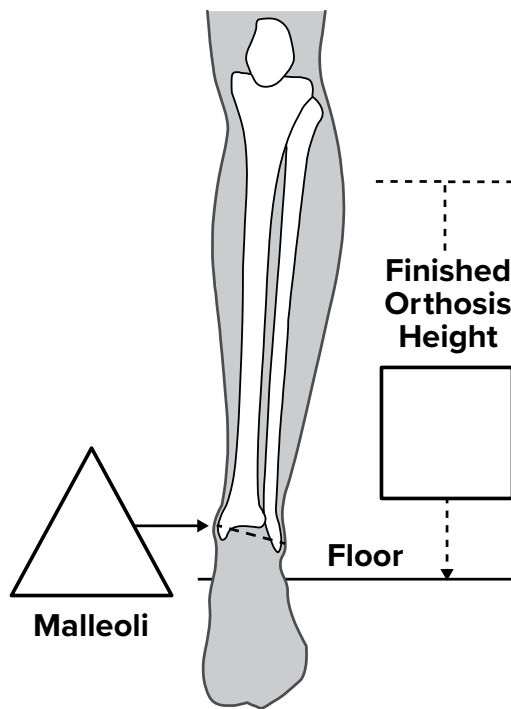
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: ☐ PHOENIX ☐ ORLANDO ☐ CROMWELL ☐ OTHER _____

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

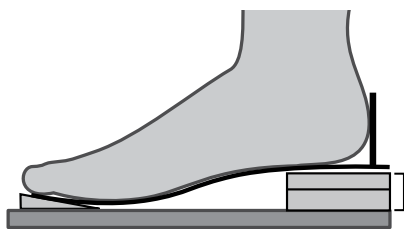
PATIENT MEASUREMENTS (REQUIRED)



Indicate areas of sensitivities or ulcers

☐ ALIGNMENT CASTING BLOCK/TUNING (Optional)

Alignment Casting Block Used? ☐ Yes* ☐ No ***Best Practice: Casting block improves design accuracy and efficiency.**



Ankle Angle

☐ As Casted ☐ Correct to: _____°

Casted on:

Cast Block Height: _____ & Toe Ramp: _____

External 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

☐ DIGITAL SCAN INPUT REQUIREMENTS

SCAN TYPE ☐ Split/Inside Cast ☐ Outside Cast (Preferred)

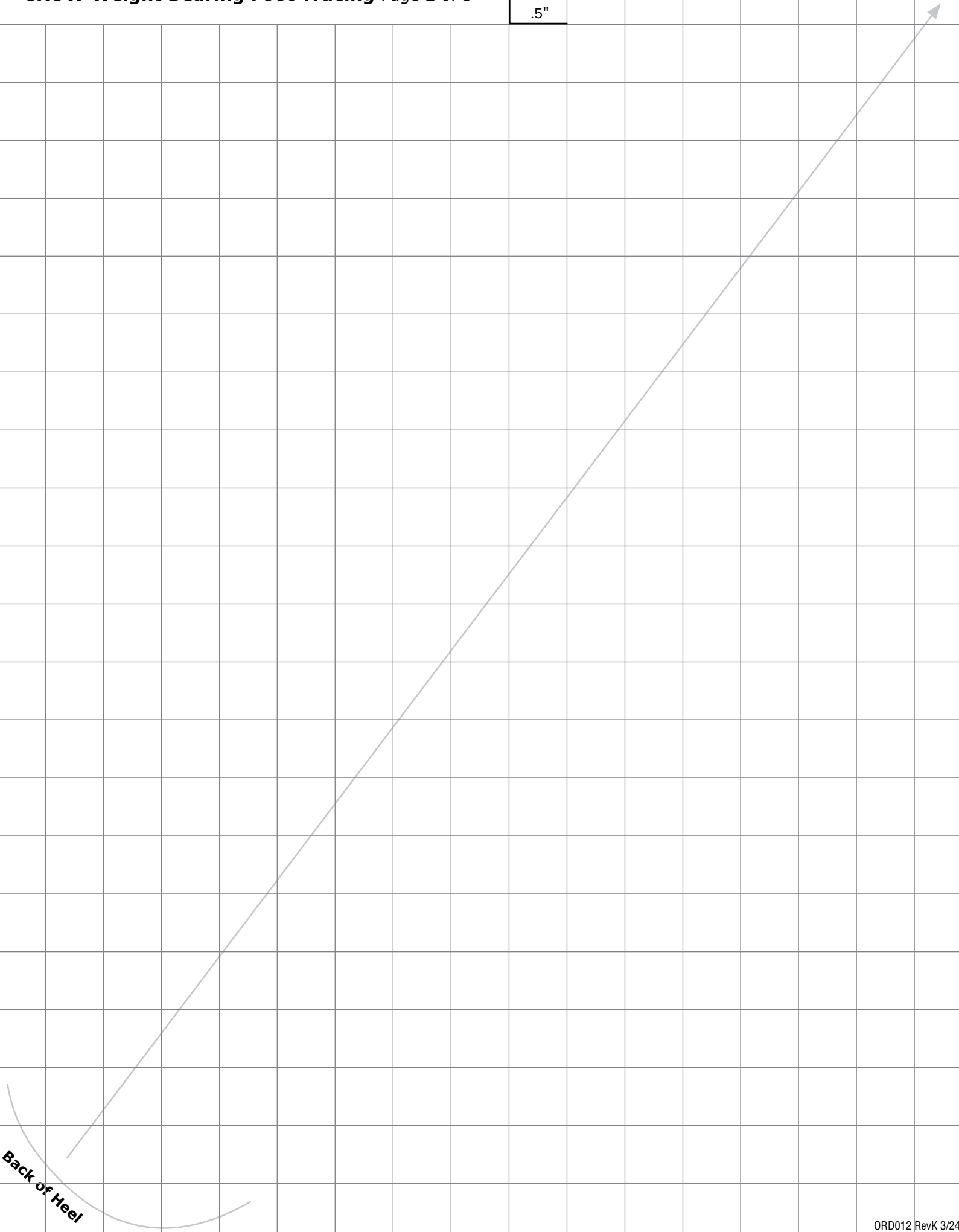
Positive Model: ☐ Unmodified ☐ Modified

☐ Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm

Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

.5"
.5"



CLINICIAN: _____ **PATIENT ID/NAME:** _____

PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ MICROSOFT TEAMS _____

DEVICE

***Weight Bearing Foot Tracing or Foot Impression Required.**

DESIGNS

☐ **Standard** (F0010) ☐ TMA/Toefiller (F5000)

Modifications

☐ **Standard** (actual foot length + 3/8") ☐ Extended Foot Length _____"

***Please provide cast in finished device alignment.
Corrections are limited to +/- 5° in the sagittal plane.**

Corrected Ankle Position

☐ Neutral ☐ As Is Other: ☐ DF _____° ☐ PF _____°

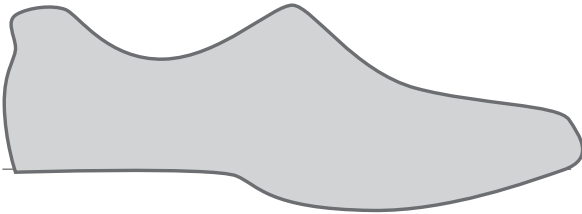
Proximal Flare

☐ Yes ☐ No

Sole Type (Rockers)

☐ Ankle Joint ☐ Met-Head ☐ Heel ☐ Lisfranc ☐ MPJ ☐ Healing

(Draw key dimensions as needed)



NOTES

***Weight Bearing Foot Tracing or Foot Impression Required.
Please provide cast in finished device alignment.
Corrections are limited to +/- 5° in the sagittal plane.**

THERMOFORMING-POSTERIOR

Plastic Type

☐ Polypropylene ☐ Copolymer

Thickness

☐ 5/32" ☐ 3/16" ☐ 1/4" ☐ Other _____

Reinforcement

☐ Corrugation (F2600) ☐ Compcore (F0051) ☐ Other _____

PADDING (detail in notes section)

☐ Aliplast ☐ Plastazote ☐ Pelite/EVA ☐ PCell

Thickness: ☐ 1/8" ☐ 5/32" ☐ 3/16" ☐ 1/4"

Additional Foot Inserts: ☐ 1 ☐ 2 ☐ Other _____

TRANSFER (F0053) / PLASTIC COLOR

Option 1 _____ Option 2 _____

THERMOFORMING-ANTERIOR

Plastic Type

☐ Polypropylene ☐ Copolymer

Thickness

☐ 5/32" ☐ 3/16" ☐ 1/4" ☐ Other _____

PADDING (detail in notes section)

☐ Aliplast ☐ Plastazote ☐ Pelite/EVA ☐ PCell

Thickness: ☐ 1/8" ☐ 5/32" ☐ 3/16" ☐ 1/4"

FINISHING ☐ Finished ☐ Unfinished (send straps unattached)

Straps

☐ Leave Detached ☐ Chafe Med ☐ Chafe Lat ☐ Butterfly (Double Chafe)
☐ 1" ☐ 1 1/2" ☐ 2"

Strap Material ☐ Velcro Only

☐ Leather Back (F0046) ☐ Dacron Back (F0046) ☐ Other _____

Strap Color

☐ Black ☐ White ☐ Pink ☐ Red ☐ Beige ☐ Green ☐ Purple ☐ Blue

Non-Skid Surface (F0036)

Glued: ☐ Yes ☐ No

TURNAROUND TIMES

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