

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: SYMMETRICAL YES NO

ENCOUNTER #: _____

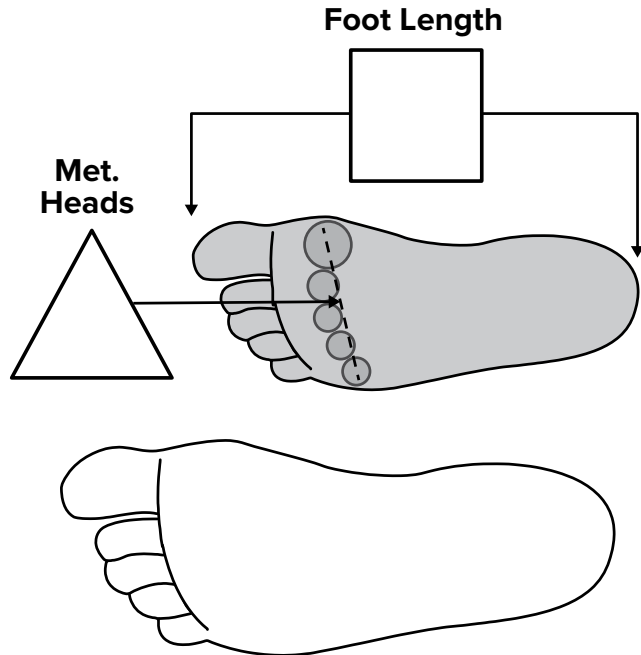
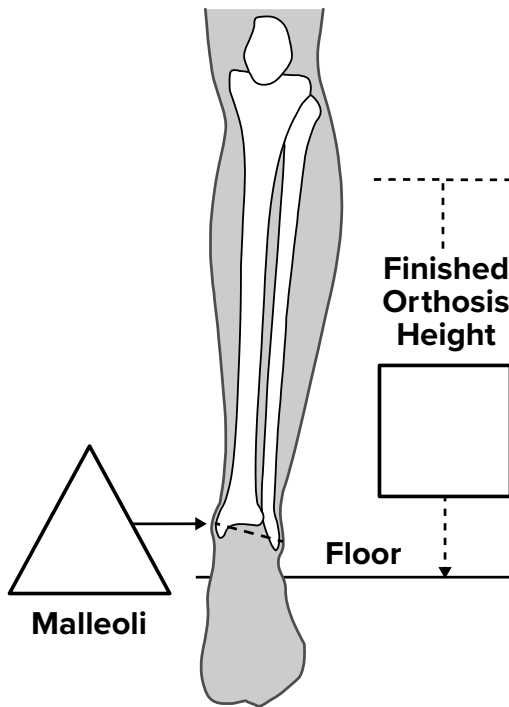
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL OTHER _____

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

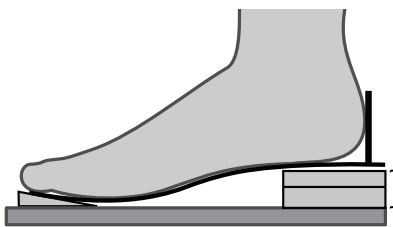
PATIENT MEASUREMENTS (REQUIRED)



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

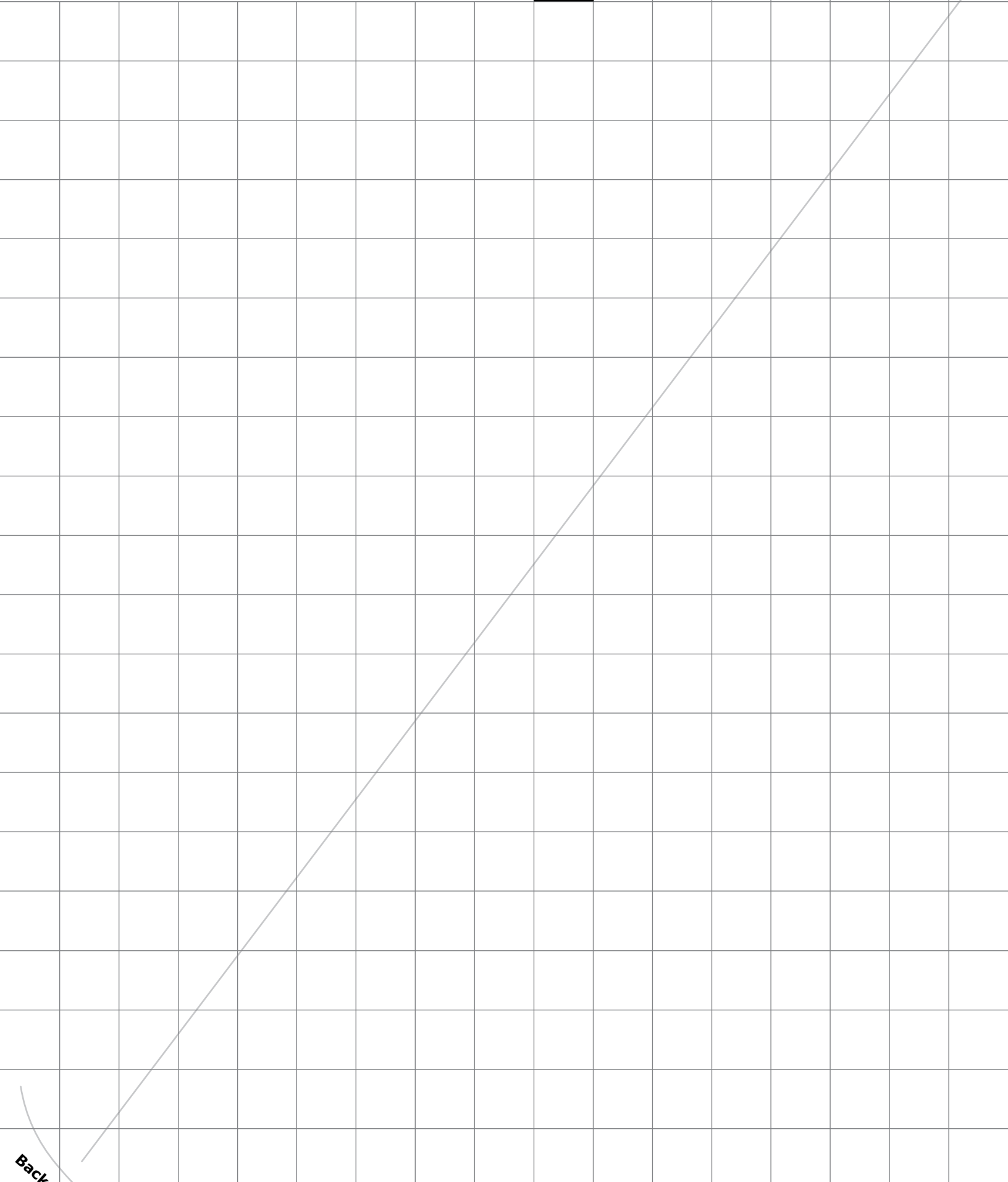
SCAN TYPE: Split/Inside Cast Outside Cast (Preferred)

Positive Model: Unmodified Modified Direct Patient

MEASUREMENTS: Average Cast Thickness _____ mm

Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

.5"
.5"



Back of Heel

CLINICIAN: _____ PATIENT ID: _____

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 _____°

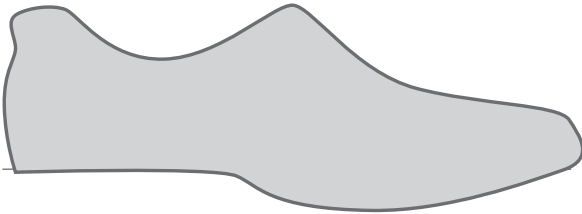
Proximal Flare

Yes No

Sole Type (Rockers)

Ankle Joint Met-Head Heel Lisfranc MPJ Healing

(Draw key dimensions as needed)



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

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.**

TURNAROUND TIMES

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