

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

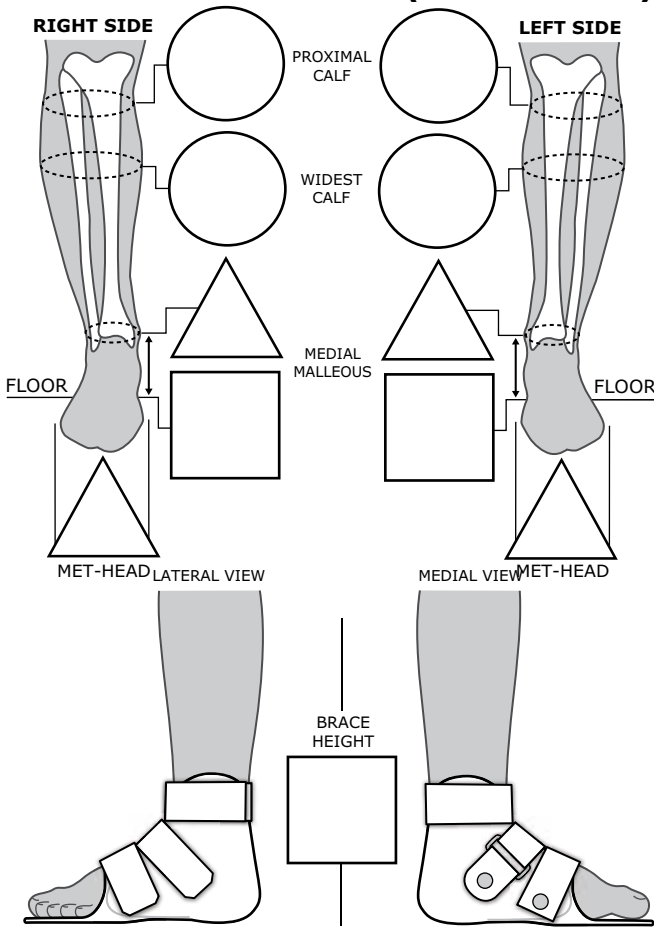
ENCOUNTER #: \_\_\_\_\_

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

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

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

### MEASUREMENTS (REQUIRED)



Standard Strapping Shown Above Finished Length \_\_\_\_\_

### NOTES

\_\_\_\_\_

### 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

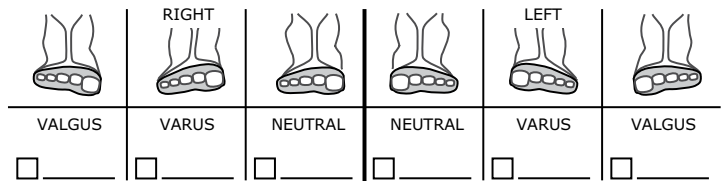
Neutral  As Casted

#### Left Heel Alignment

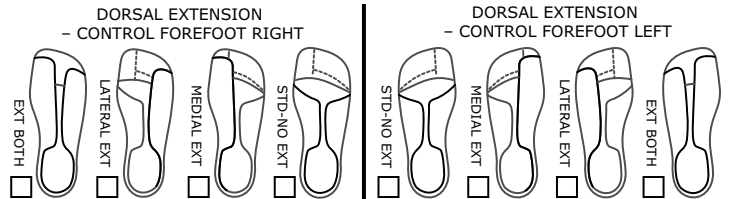
Neutral  As Casted

#### 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 \_\_\_\_\_

### FINISHING

Finished  Unfinished (send straps unattached)  None

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

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

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

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