

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

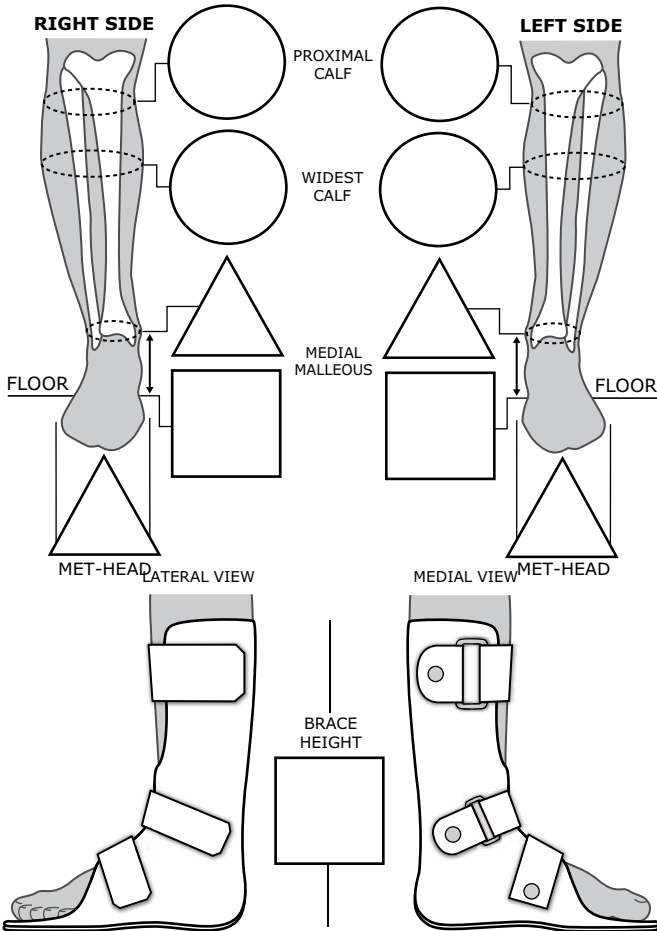
ENCOUNTER #: _____

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

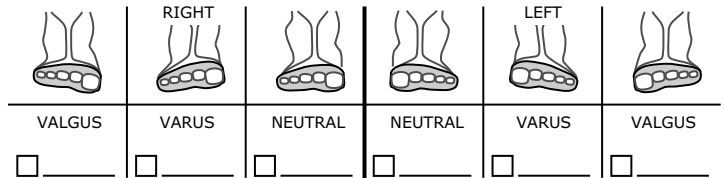
Neutral As Casted

Left Heel Alignment

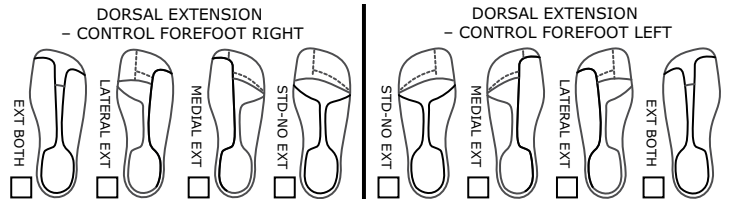
Neutral As Casted

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 Cats Paw

Finished Unfinished (send straps unattached) None

Straps: White Strap Standard Other _____

Pads: White Pad Standard Other _____

Shoe Style: _____ **Size** _____

Socks: Additional Quantity _____