

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

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

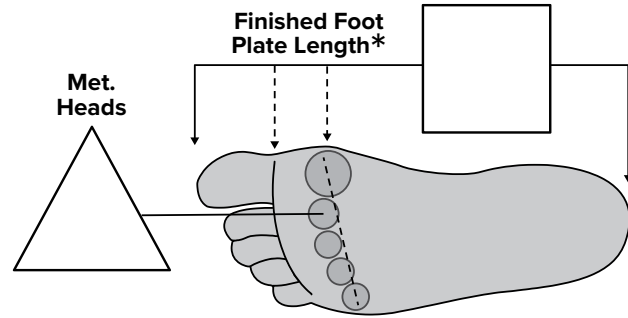
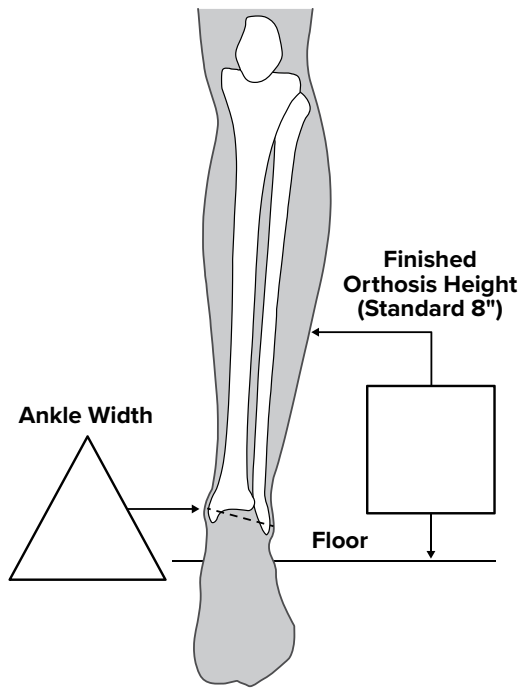
IN-OFFICE REQUEST DATE & TIME: _____

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

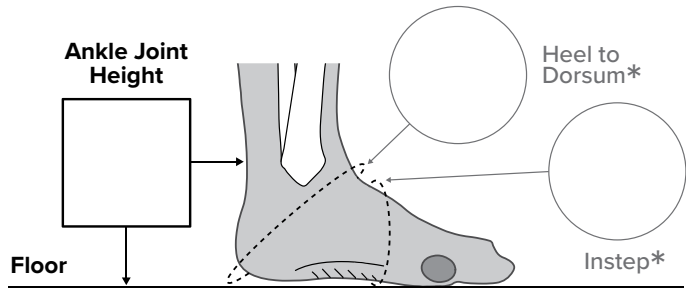
HFN: PHOENIX ORLANDO

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

PATIENT MEASUREMENTS (REQUIRED)



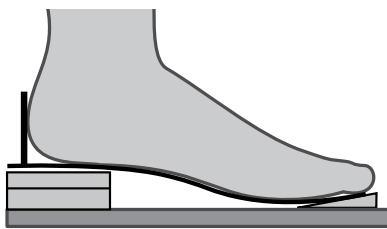
* Footplate length = inside AFO heel to proximal met heads (plastic)
Finished length = inside AFO heel to proximal met heads + 1/4" leather ext



* Required Measurements for Circumferential or Dorsal Wrap Designs

TUNING CRITICAL MEASUREMENTS (Optional)

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



Ankle Angle
 As Casted Correct to: _____°

Casting Block Setup
Heel Height: _____ & Toe Ramp: _____

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

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 _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DEVICE

AFO DESIGNS

- Standard 8" (F1904)**
- Short 6" (F1902) Tall +8" (F1907) Finished Height _____
- Articulated (F1909) Extended AFO (F1905)
- Black Fabric (Sure-18) **Balance Brace (Sure-19)** Black Fabric ONLY

Modifications

- Standard**
- Intrinsic Heel Mod** _____ ° Medial Lateral
- Additional Build Ups/Reductions (detail in notes section)
- Heel Height: None Other _____

Corrected Ankle Position

- Neutral** As Is Other: DF _____ ° PF _____ °

Final Corrected Forefoot Position

- Right: **Neutral** As Is Other _____
- Left: **Neutral** As Is Other _____

Final Corrected Hindfoot Position

- Right: **Neutral** As Is Other _____
- Left: **Neutral** As Is Other _____

Proximal Flare Yes No

DESIGN

Ankle Joints None

- Tamarack Optns: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
- Other _____

TRIMLINES

Inner Frame

- Heel Cut Out, Leather Covered** Heel Cut Out, Leather Cut Out
- Solid Heel, No Cut Out SMO – Elastic Gusset Semisolid

NOTES

DESIGN (continued)

Midfoot

- Standard** Mid Min

Forefoot

- Standard** Ext. Plastic Lat Ext. Plastic Med Other _____

Footplate

- Met** Sulcus Full
- Ext. Heel Post _____ ° Medial Lateral
- Ext. Forefoot Post _____ ° Medial Lateral

THERMOFORMING

Plastic Type

- Polypropylene:** 1/8" 5/32" 3/16" Other _____
- ProComp (\$): 1/8" 3/16" 1/4"

FINISHING

Closures

- Lace** Speed Lace Boot Hook
- Velcro Velcro Top/Lace Bottom Velcro Overlay
- Velcro w/Chafes BOA Closure (\$\$\$)

Straps

- Chafe Medial Chafe Lateral Instep
- 1" 1 1/2"

Material

- ECO Tex** Leather

Color: **Black** Brown White Bone Pink (Ecotex only)

Padded Collar Yes No

TURNAROUND TIMES

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