

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: _____

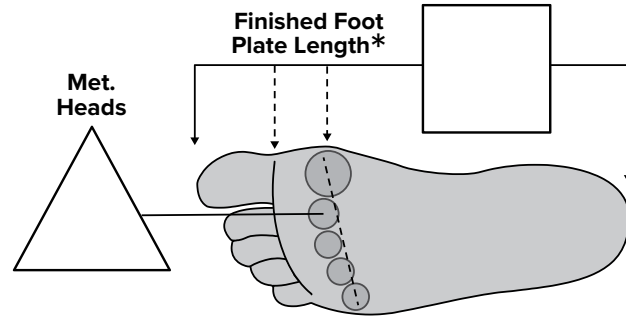
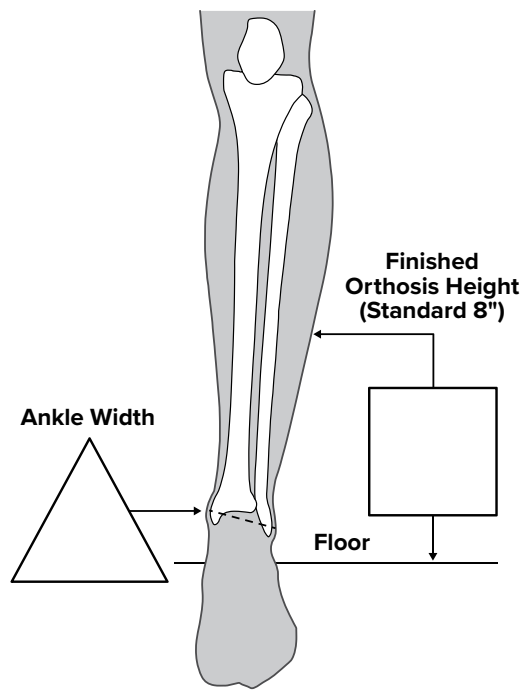
IN-OFFICE REQUEST DATE & TIME: _____

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

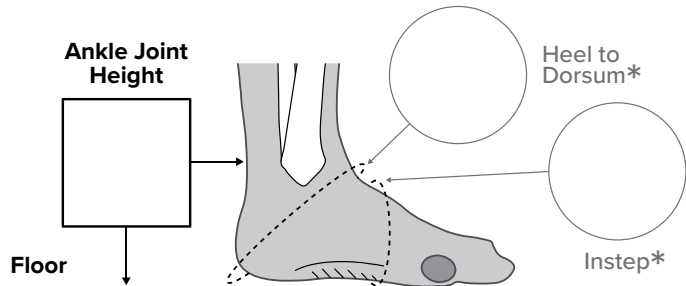
HFN: ☐ PHOENIX ☐ ORLANDO

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

PATIENT MEASUREMENTS (REQUIRED)



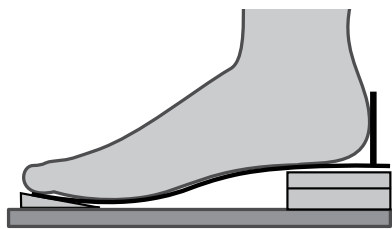
* Footplate length = inside AFO heel to proximal met heads (plastic)
Finished length = inside AFO heel to proximal met heads + 1/4" leather ext



* Required Measurements for Circumferential or Dorsal Wrap Designs

☐ 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 _____

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

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

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 Gussett ☐ Semisolid

NOTES _____

DESIGN (continued)

Midfoot

- ☐ Standard ☐ Mid ☐ Min

Forefoot

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

Footplate

- ☐ Met ☐ Sulcus ☐ Full
☐ Ext. Heel Post (F0040) _____ ° ☐ Medial ☐ Lateral
☐ Ext. Forefoot Post (F0040) _____ ° ☐ 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 ☐ Click Medical Reel (\$\$\$)

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](#)