WORK ORDER #:
(LAB USE ONLY)

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 #: _____

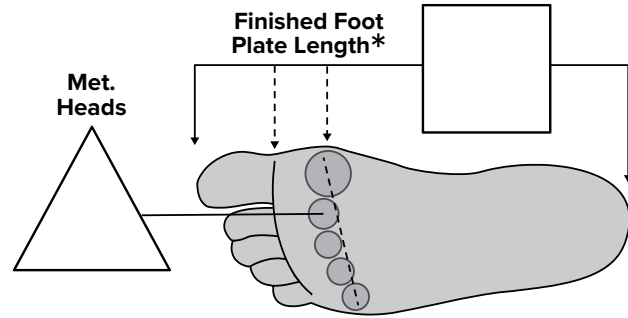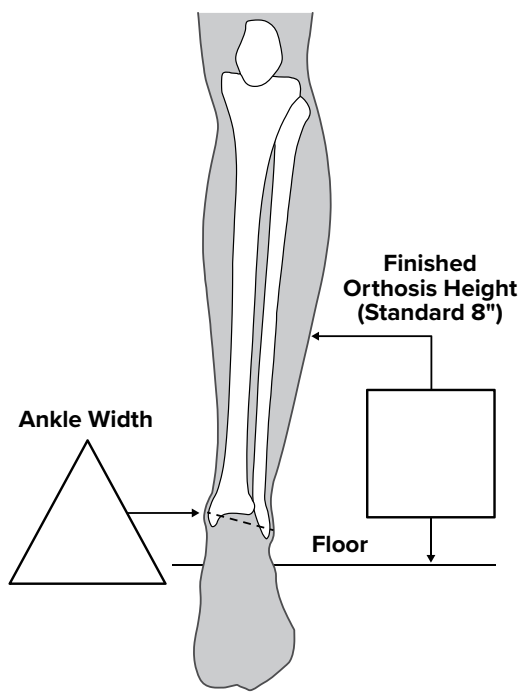MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: ☐ PHOENIX ☐ ORLANDO

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

PATIENT MEASUREMENTS (REQUIRED)

Met. Heads

Finished Foot Plate Length*

Finished Orthosis Height (Standard 8")

Ankle Width

Floor

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

Ankle Joint Height

Heel to Dorsum*

Floor

Instep*
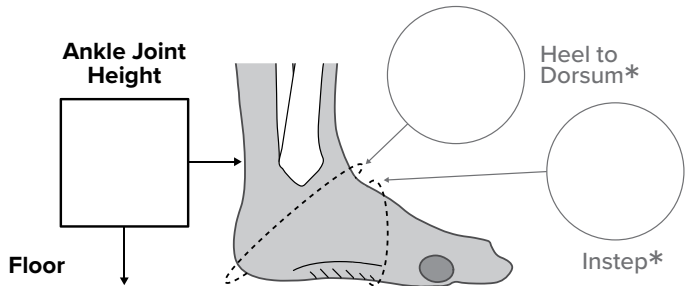
✱ Required Measurements for Circumferential or Dorsal Wrap Designs

☐ ALIGNMENT CASTING BLOCK/TUNING (Optional)

Alignment Casting Block Used? ☐ Yes* ☐ No *Best Practice: Casting block improves design accuracy and efficiency.*
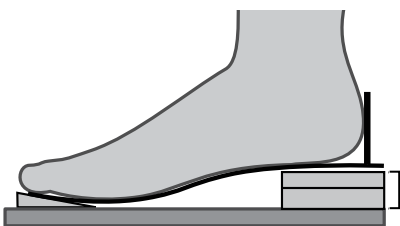
Ankle Angle
☐ As Casted ☐ Correct to: _____°

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) ⟶ **MEASUREMENTS:** Average Cast Thickness _____ mm

Positive Model: ☐ Unmodfied ☐ Modified ☐ Direct Patient   Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

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CLINICIAN: _____ **PATIENT ID:** _____

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

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"

FINISHING

Closures
☐ **Lace** ☐ Speed Lace ☐ Boot Hook
☐ Velcro ☐ Velcro Top/Lace Bottom ☐ Velcro Overlay
☐ Velcro w/Chafes ☐ Adjustable 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

NOTES

TURNAROUND TIMES
To review current projected turnaround times for fabrication sites visit the **Daily HFN Capacity Webpage**. ORD057 RevJ 11/24