

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 #: _____

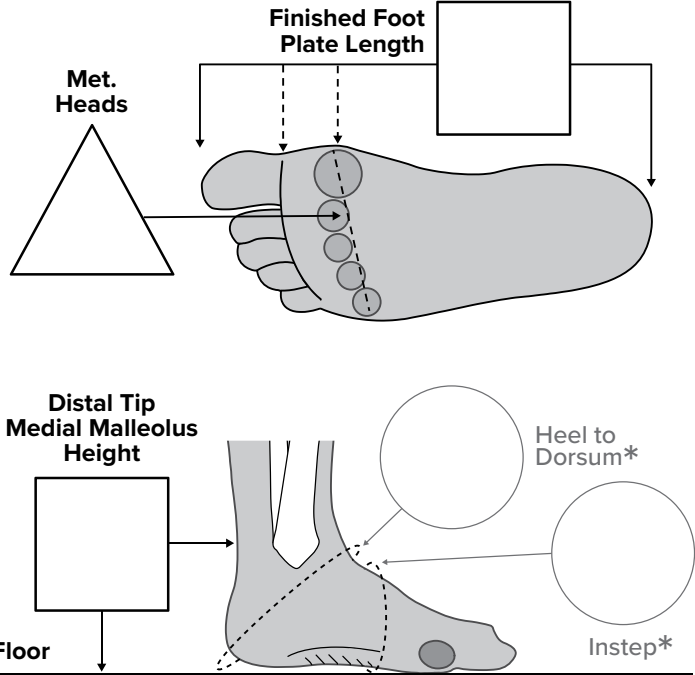
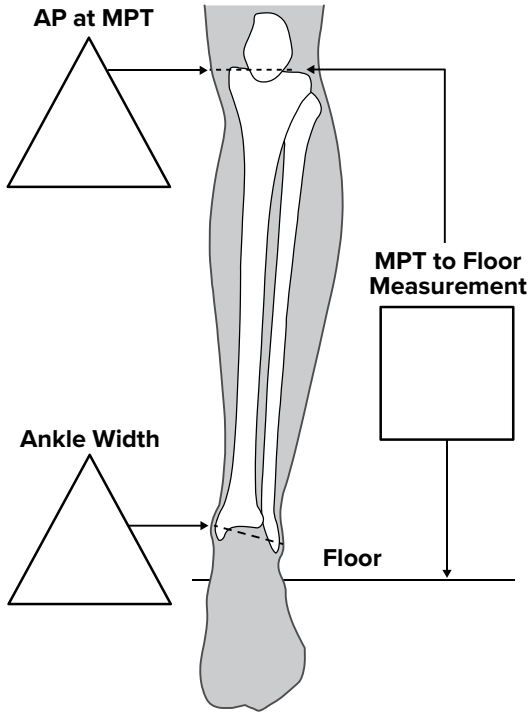
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL CHICAGO HOUSTON OTHER _____

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

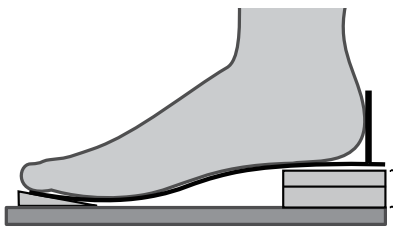
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Floor Reaction 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: Unmodified Modified Direct Patient Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

DEVICE

AFO DESIGN

- Floor Reaction (Top Entry) (F1960) Floor Reaction (Post.Entry) (F1960)
- PTB (F1960) Anterior Removable Shell (F2340)

Articulated: Yes No

Corrected Ankle Position

- Neutral As Is (Rigid) 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 _____

Modifications: Rigid Flexible

- Standard Tone Reduction ST Mod

- Intrinsic Heel Skive/Mod _____ ° Medial Lateral

Trough: Full Leg Only Ankle Only (Dorsal Web) Foot Only

Additional Build Ups/Reductions (detail in notes section)

DESIGN

Ankle Joints: None Unfinished: Do NOT Articulate

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

Posterior Stops

- Plastic Block Becker 795 Becker 655 PAS Snap Stop

TRIMLINES

Midfoot

- Standard Mid Min Dorsal Wrap

Forefoot

- Standard Ext. Lat Ext Med Other _____

Footplate

- Met Sulcus Full

Varus/Valgus Prevention

Right: Varus Valgus Pad Supramalleolar Extension

Left: Varus Valgus Pad Supramalleolar Extension

- Ext. Heel Post (F0040) _____ ° Med Lat Plastic Crepe

- Ext. Forefoot Post (F0040) _____ ° Med Lat Plastic Crepe

Proximal Flare

- Anterior Superior Anterior Inferior Posterior

NOTES

THERMOFORMING

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 3/32" 1/8" 5/32" 3/16" 1/4" Other _____

TRANSFER (F0053) / PLASTIC COLOR

- Anterior Posterior Both

Option 1 _____ Option 2 _____

Reinforcement

- Corrugation (F2600) Compcore (F0051) Other _____

PADDING (detail in notes section)

- Aiplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre Plastic Pull Post Plastic Pull*

*Post pull pads thicker than 1/8" are accommodated for in modification process

Thickness: 1/8" 3/16" 1/4"

Location: Full Device (F2840) Calf (F2820) Full Foot (F2860)

- Navicular (F2820) Horseshoe/Heel (F2820)

- Lateral Malleolus (F2820) Medial Malleolus (F2820)

INNER BOOT (detail optional padding in notes section)

Material

- Polyethylene EVA/Foam Proflex (F9036) Other _____

Thickness: 3/32" 1/8" 5/32" Other _____

ANTERIOR SHELL

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 3/32" 1/8" 5/32" 3/16" 1/4" Other _____

PADDING (detail in notes): Aiplast Plastazote Pelite/EVA

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness: 1/8" 3/16" 1/4"

FINISHING Finished Unfinished (send straps unattached)

Fastener: Speedy Copper Chicago

Anterior Shell Strap: Leave Detached Wrap Around (no chafe)

- Double Chafes (Butterfly Style) 1" 1 1/2" 2"

Ankle Strap

- Leave Detached Chafe Medial Chafe Lateral Instep Fig 8

- 1" 1 1/2"

Strap Material: Velcro Only

- Leather Back (F0046) Dacron Back (F0046) Other _____

Strap Color

- Black White Pink Red Beige Green Purple Blue

Non-Skid Surface (F0036)

- Right Left Bilateral **Glued:** Yes No

TURNAROUND TIMES

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