

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)

☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: \_\_\_\_\_

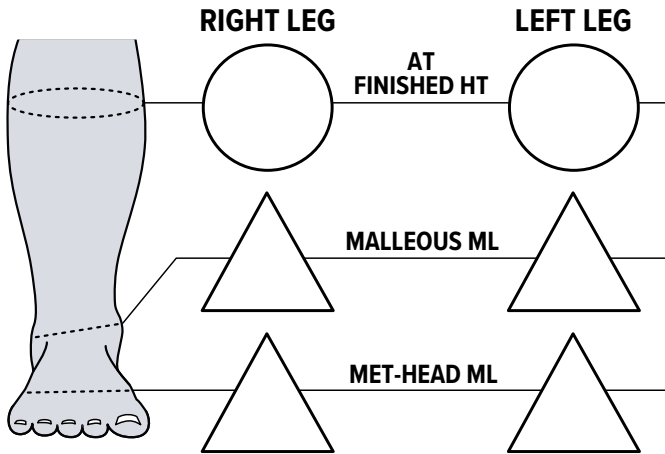
MEASUREMENT DATE: \_\_\_\_\_

IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

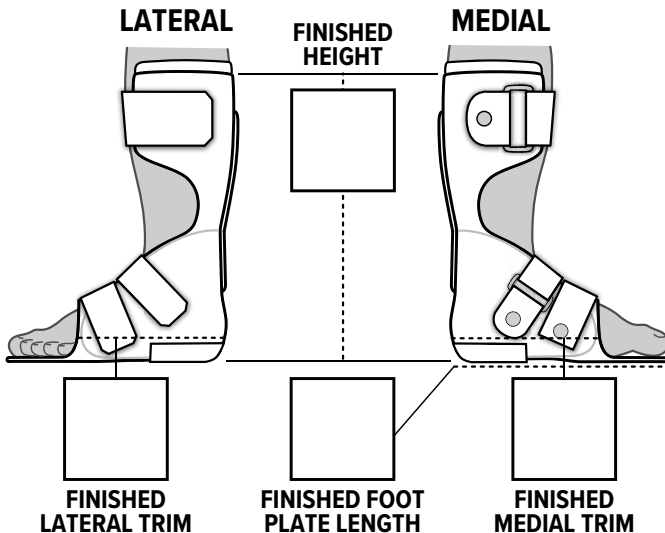
HFN: ☐ ORLANDO (scootz) ☐ HOUSTON ☐ OTHER \_\_\_\_\_

If a Discrepancy Exists, Go By: ☐ Impression ☐ Measurements

### PATIENT MEASUREMENTS (REQUIRED)



### DEVICE MEASUREMENTS (REQUIRED)



#### Trimlines

☐ PLS ☐ PLS with Post. Reinforcement ☐ Dorsal Wrap

### MATERIAL

Plastic Type

☐ Polypropylene ☐ Copolymer ☐ Modified Polyethylene

Thickness

☐ 3/32" ☐ 1/8" ☐ Other \_\_\_\_\_

Inner Boot Options (F3000) ☐ None

☐ 3/32 LDPE ☐ 3/32 Optiflex ☐ 1/8 Foam

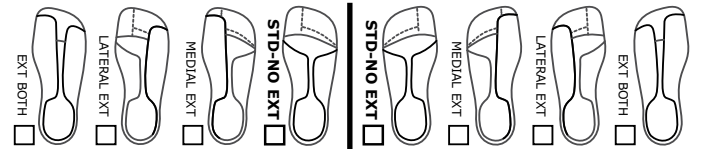
### MODIFICATIONS

Footplate: ☐ None ☐ Mild ☐ Aggressive

### ALIGNMENT

Right Foot			Left Foot		
<b>Ankle Alignment</b>					
<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted		<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted	
<input type="checkbox"/> ____° Dorsi	<input type="checkbox"/> /Plantar	<input type="checkbox"/>	<input type="checkbox"/> ____° Dorsi	<input type="checkbox"/> /Plantar	<input type="checkbox"/>
<b>Heel Alignment</b>					
<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted		<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted	
<b>Forefoot Alignment</b>					
<input type="checkbox"/> VALGUS	<input type="checkbox"/> VARUS	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> VARUS	<input type="checkbox"/> VALGUS

### FOREFOOT TRIMLINE



Dorsal Wrap: ☐ Yes ☐ No

### FINISHING

Pattern Transfer: Option 1 \_\_\_\_\_

Option 2 \_\_\_\_\_

Additional Padding

☐ Posterior Proximal Calf

☐ Navicular

☐ Other \_\_\_\_\_

☐ Finished ☐ Unfinished (send straps unattached) ☐ None

Straps: ☐ White Other \_\_\_\_\_

Pads: ☐ White Other \_\_\_\_\_

Socks: Additional Quantity \_\_\_\_\_ ☐ Non-skid

### NOTES