HFN

PLS AFO

Jaguar

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:	
BILL TO:	PREFERRED CONTACT METHOD:	
ADDRESS:	PATIENT ID:	
	HEIGHT: WEIGHT: AGE:	
	DIAGNOSIS:	
SHIP TO: SAME AS BILLING	AFFECTED SIDE (Check One)	
ADDRESS:	☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO	
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	NG ENCOUNTER #:	
OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)	MEASUREMENT DATE:	
☐ OTHER:	IN-OFFICE REQUEST DATE & TIME:	
HFN: ☐ ORLANDO (scootz) ☐ HOUSTON ☐ OTHER	If a Discrepancy Exists, Go By: ☐ Impression ☐ Measurements	
PATIENT MEASUREMENTS (REQUIRED)	MATERIAL	
RIGHT LEG LEFT LEG	Plastic Type ☐ Polypropylene ☐ Copolymer ☐ Modified Polyethylene Thickness	
AT .		
FINISHED HT	□ 3/32" □ 1/8" □ Other	
	Inner Boot Options (F3000) ☐ 3/32 LDPE ☐ 3/32 Optiflex ☐	
	MODIFICATIONS	
MALLEOUS ML	Footplate: None Mild Aggressive	
	ALIGNMENT Right Foot	Left Foot
	Ankle Alignment	
MET-HEAD ML	☐ Neutral ☐ As Casted ☐ ☐ Open of the control ☐ As Casted ☐ ☐ Open of the control ☐ ☐ Open of the control ☐ ☐ ☐ Open of the control ☐ ☐ ☐ Open of the control ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Neutral ☐ As Casted ☐° Dorsi ☐ /Plantar ☐
	Heel Alignment	
	☐ Neutral ☐ As Casted	☐ Neutral ☐ As Casted
DEVICE MEASUREMENTS (REQUIRED)	Forefoot Alignment	
LATERAL _{FINISHED} MEDIAL		
HEIGHT	VALGUS VARUS NEUTRAL	NEUTRAL VARUS VALGUS
	VALGOS VAROS REGIRAL	NEUTRAL VARUS VALGUS
	FOREFOOT TRIMLINE	
	M.A.A.	m A.A.
	D-NO EXT	EXT BOTH ATERAL EXT MEDIAL EXT
	Dorsal Wrap: ☐ Yes ☐ No	
	FINISHING	
	Pattern Transfer: Option 1	
FINISHED FINISHED FINISHED	Option 2	
LATERAL TRIM PLATE LENGTH MEDIAL TRIM		Posting ☐ None ☐ Full Plantar
Trimlines ☐ PLS ☐ PLS with Post. Reinforcement ☐ Dorsal Wrap	☐ Navicular	Heel Post Heel & Midfoot
	☐ Other	_
NOTES	☐ Finished ☐ Unfinished (send straps unattached) ☐ None Straps: ☐ White Other	
	Pads: White Other	
	Socks: Additional Quantity	Non-skid