

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: _____

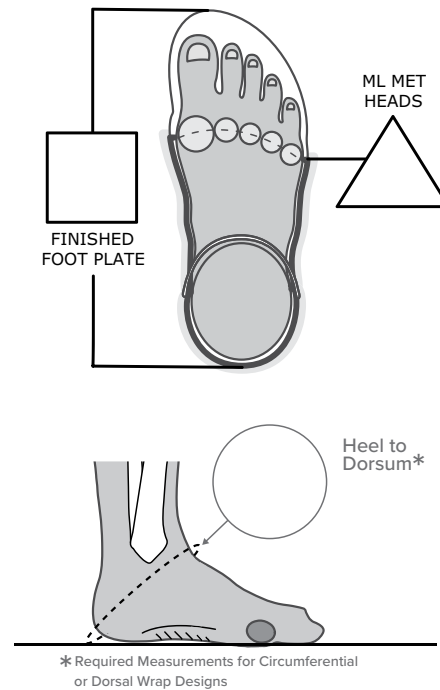
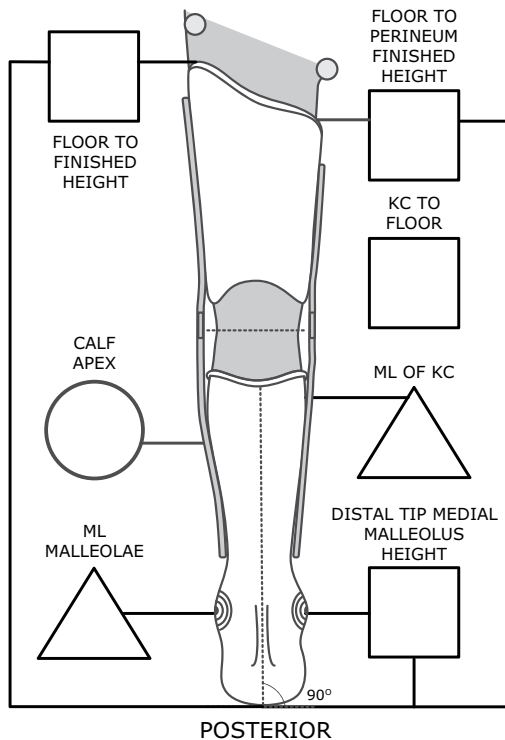
IN-OFFICE REQUEST DATE & TIME: _____

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

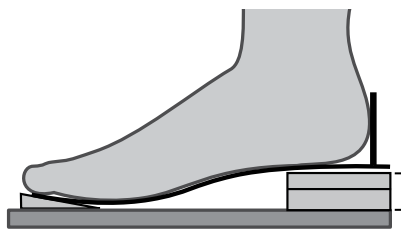
HFN: ☐ PHOENIX ☐ ORLANDO ☐ CROMWELL ☐ HOUSTON ☐ KANSAS ☐ OTHER _____

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

PATIENT MEASUREMENTS (REQUIRED)



☐ 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

Modifications

- ☐ **Standard** ☐ [Tone Reduction](#) ☐ [ST Mod](#)
☐ [Intrinsic Heel Mod](#) _____° ☐ Medial ☐ Lateral
☐ Additional Build Ups/Reductions
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 _____

Corrected Knee Position

- Sagittalt: ☐ **Neutral** ☐ As Is ☐ Other _____
Coronal: ☐ **Neutral** ☐ As Is ☐ Other _____

DESIGN

Ankle Joints

- ☐ Camber Axis ☐ DAAJ ☐ Free Motion ☐ Gaffney
☐ Gilette ☐ Klenzak ☐ Oklahoma

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

Posterior Stops

- ☐ Free Motion ☐ Motion Control Limiter (755)
☐ Motion Control Limiter (795) ☐ Pas Elite 100

Knee Joints

- ☐ Double Upright ☐ Single Upright: ☐ Medial ☐ Lateral
☐ Single Axis ☐ Polycentric ☐ Posterior Offset
☐ Drop Lock ☐ Drop Lock Retainers ☐ Bail Lock
☐ Lever release ☐ Trigger Release
☐ Dial Lock ☐ Spring Lever Lock ☐ Cam Lock
☐ Step Lock ☐ Ratchet Lock ☐ Lerman

Material

Bar Size

- ☐ AL ☐ SS ☐ TI ☐ 3/16 x 5/8 ☐ 3/16 x 3/4 ☐ Other: _____

Finish Options

- ☐ Growth Extensions ☐ Polished Bar
☐ Tibial Torsion Spreader Bar _____° ☐ Vent Holes

TRIMLINES

- Brim:** ☐ **NSNA** ☐ Quad ☐ IC ☐ Other: _____

- ☐ Proximal Thigh Flare ☐ Distal Thigh Flare

- ☐ Thigh Tongue Material: ☐ LDPE ☐ Foam ☐ Other: _____

- Shank:** ☐ Calf Tongue Material: ☐ LDPE ☐ Foam ☐ Other: _____

- ☐ Proximal Calf Flare

- ☐ Pretibial Shell ☐ Blounts ☐ Varum Ext ☐ Valgum Ext

- Footplate:** ☐ Met ☐ Sulcus ☐ **Full** ☐ Other _____

- Forefoot:** ☐ Ext. Lat ☐ Ext Med ☐ Dorsal Wrap ☐ UCB Insert

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**

THERMOFORMING

Plastic Type

- ☐ **Polypropylene** ☐ Copolymer ☐ Modified Polyethylene

Thickness

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

Finish Options

- ☐ Growth Extensions ☐ Polished Bar
☐ Tibial Torsion Spreader Bar _____° ☐ Vent Holes

Bar Location

- ☐ Bars Outside Plastic ☐ Bars Under Plastic

TRANSFER (F0053)/PLASTIC COLOR

- Option 1 _____ Option 2 _____

Reinforcement

- ☐ Corrugation (F2600) ☐ Compcore (F0051) ☐ Other _____

PADDING

- ☐ Full Liner ☐ Aliplast ☐ Plastazote ☐ Pelite/EVA ☐ Tri-Lam
☐ Other _____

- Padding Insertion:** ☐ Pre Plastic Pull ☐ **Post Plastic Pull***

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

Thickness

- ☐ 1/8" ☐ 5/32" ☐ 3/16" ☐ 1/4"

Location

- ☐ Full Device (F2850) ☐ Full Foot (F2860) ☐ Navicular (F2820)
☐ Lateral Malleolus (F2820) ☐ Medial Malleolus (F2820)
☐ Other _____

☐ INNER BOOT (F1915) *Provide Heel-Dorsum°

Material

- ☐ **Polyethylene** ☐ EVA/Foam ☐ Other _____

Thickness

- ☐ **3/32"** ☐ 1/8" ☐ 5/32" ☐ Other _____

FINISHING ☐ **Finished** ☐ Unfinished (send straps unattached)

Straps

- ☐ Fig 8 ☐ Instep ☐ Chafe Medial ☐ Chafe Lateral
☐ 1" ☐ 2" ☐ 4 Buckle ☐ 5 Buckle ☐ Patella ☐ PTB
☐ T Strap ☐ POS Check Strap ☐ Other _____

Strap Material ☐ **Velcro Only**

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

Strap Color ☐ **White**

- ☐ Black ☐ Pink ☐ Red ☐ Beige ☐ Green ☐ Purple ☐ Blue

Non-Skid Surface (F0036)

- ☐ Right ☐ Left ☐ Bilateral ☐ Glued

TURNAROUND TIMES

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

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

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

NOTES _____

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