

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

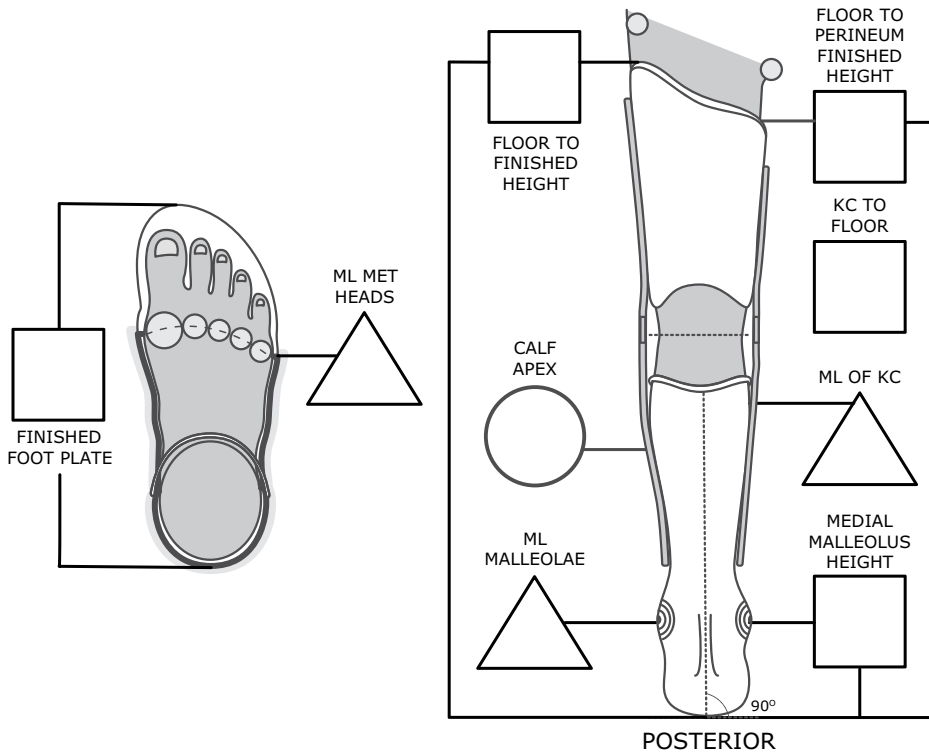
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

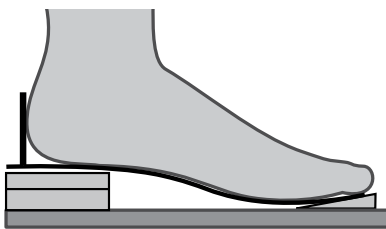
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



TUNING CRITICAL MEASUREMENTS (Optional)

Casting Block Used? Yes* No * *Best Practice: Casting block improves design accuracy and efficiency.*



Ankle Angle

As Casted Correct to: _____°

Casting Block Setup

Heel Height: _____ & Toe Ramp: _____

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

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:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

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** _____

Knee
 Varum **Valgum** **Flexion** **Extension**

DESIGN

Ankle Joints
 Camber Axis **DAAJ** **Free Motion** **Gaffney**
 Gillette **Klenzak** **Oklahoma**
 Tamarack Opts: **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
 Single Upright **Medial** **Lateral** **Double Uprights**

Bar Size
 3/16 x 5/8 **3/16 x 3/4** **Other**

Material
 AL **SS** **TI**

Bail Lock **Drop Lock** **Drop Lock Retainers** **Cam Lock**
 Dial Lock **Lerman** **Polycentric** **Spring Lever Lock**
 Step Lock **Trigger Release** **Posterior Offset**

Finish Options
 Growth Extensions **Polished Bar** **Bars Under Plastic**
 Tibial Torsion Spreader Bar _____°

TRIMLINES

Brim
 IC **Quad** **Other** _____

Shank
 Blounts **Pretibial Shell** **Varus Mod** **Valgus Mod**

Footplate
 Met **Sulcus** **Full** **Other** _____

Forefoot
 Ext. Lat **Ext Med** **Dorsal Wrap** **UCB Insert**
 Inner Boot* _____ *Provide Heel-Dorsum°

DESIGN (continued)

Varus/Valgus Prevention
 Right: **Varus** **Valgus** **Pad Supramalleolar Extension**
 Left: **Varus** **Valgus** **Pad Supramalleolar Extension**
 Ext. Heel Post _____° **Med** **Lat** **Plastic** **Crepe**
 Ext. Forefoot Post _____° **Med** **Lat** **Plastic** **Crepe**

THERMOFORMING

Plastic Type
 Polypropylene **Copolymer** **Modified Polyethylene**

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

TRANSFER/PLASTIC COLOR

Description/# _____

Reinforcement
 Corrugation **Compcore** **Other** _____

PADDING

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

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

Thickness
 1/8" **5/32"** **3/16"** **1/4"**

Location
 Full Device **Full Foot** **Navicular** **Lat Mal** **Med Mal**
 Other _____

INNER BOOT

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** **Dacron Back** **Other** _____

Strap Color
 Black **White** **Pink** **Red**
 Beige **Green** **Purple** **Blue**

Non-Skid Surface
 Right **Left** **Bilateral** **Glued:** **Yes** **No**

Other
 Vent Holes

TURNAROUND TIMES