

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 #: _____

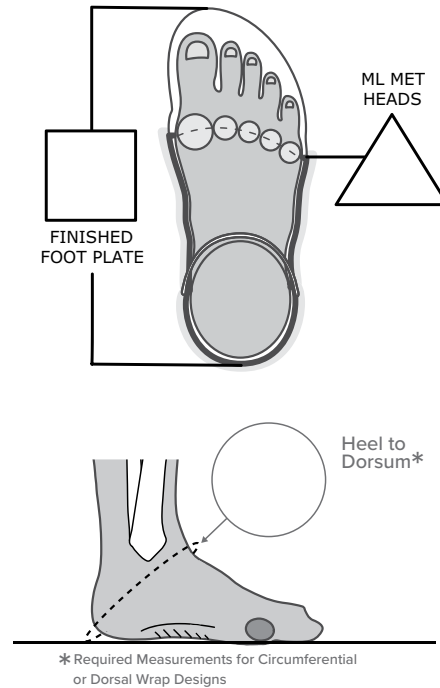
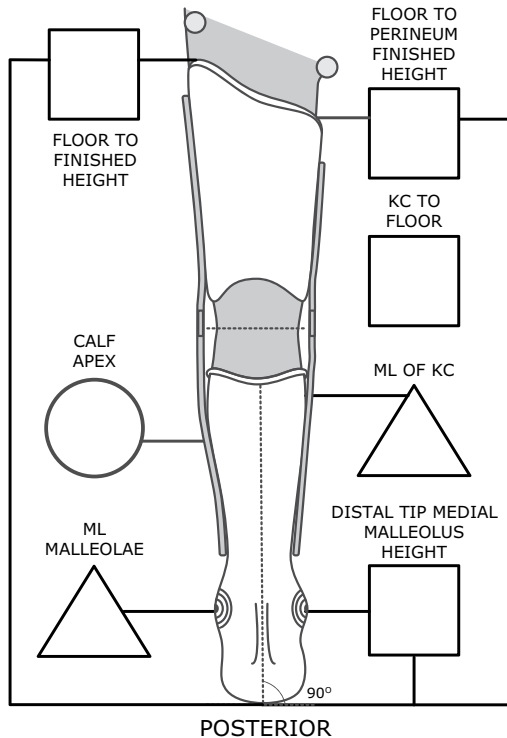
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL HOUSTON KANSAS OTHER _____

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

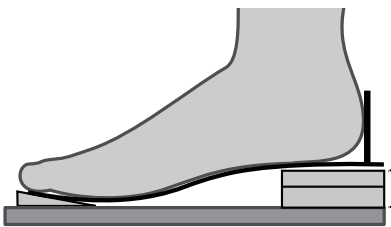
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap 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

NOTES

CLINICIAN: _____ PATIENT ID: _____

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**
 Sagittal: **Neutral** As Is Other _____
 Coronal: **Neutral** As Is Other _____

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**
 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

CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTES

TURNAROUND TIMES

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