

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

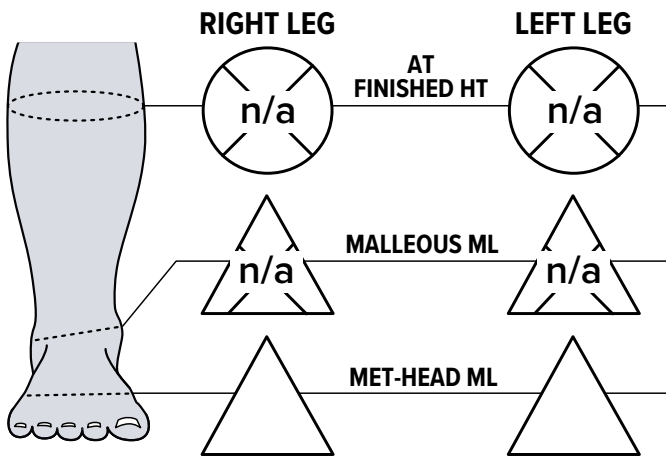
ENCOUNTER #: \_\_\_\_\_

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

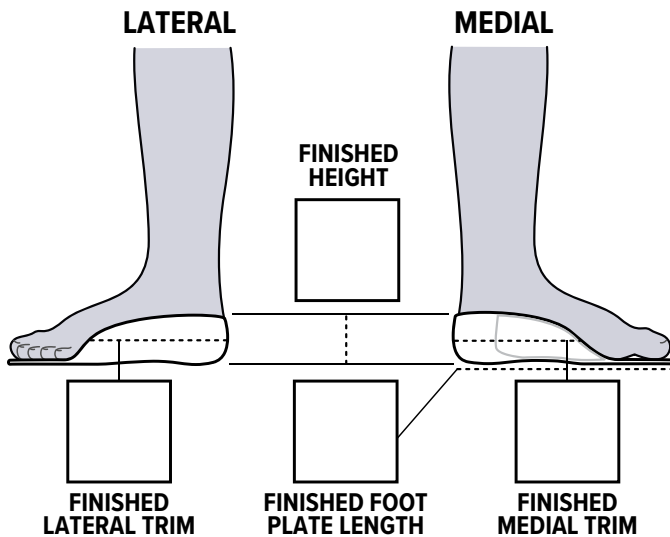
IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

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

**PATIENT MEASUREMENTS (REQUIRED)**



**DEVICE MEASUREMENTS (REQUIRED)**



NOTES \_\_\_\_\_

**MATERIAL**

**Plastic Type**

Polypropylene  Copolymer  Modified Polyethylene

**Thickness**

3/32"  1/8"  Other \_\_\_\_\_

**Inner Boot Options (F3000)  None**

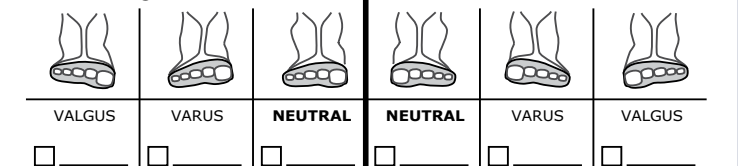
3/32 LDPE  3/32 Optiflex  1/8 Foam

**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"/> ___° Dorsi	<input type="checkbox"/> /Plantar	
<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>					



**FOREFOOT TRIMLINE**



Dorsal Wrap:  Yes  No

**FINISHING**

Pattern Transfer: Option 1 \_\_\_\_\_  
Option 2 \_\_\_\_\_

**Additional Padding**

Navicular  
 Other \_\_\_\_\_

**Posting**

None  Full Plantar  
 Heel Post  Heel & Midfoot  
 Other \_\_\_\_\_

Finished  Unfinished (send straps unattached)  None

Straps:  White Other \_\_\_\_\_

Pads:  White Other \_\_\_\_\_

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