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UCB Lynx | F1932

WORK ORDER #: (LAB USE ONLY)

-y x 1.1002	,		
PCC #:	CLINICIAN:		
BILL TO:	PREFERRED CONTACT METHOD:		
ADDRESS:	PATIENT ID:		
	HEIGHT: WEIGHT: AGE:		
SHIP TO: SAME AS BILLING	DIAGNOSIS:		
	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)			
OTHER:	IN-OFFICE REQUEST DATE & TIME:		
	□ HOUSTON □ OTHER		
PATIENT MEASUREMENTS (REQUIRED)	MATERIAL		
RIGHT LEG LEFT LEG	Plastic Type ☐ Polypropylene ☐ Copolymer ☐ Modified Polyethylene		
AT FINISHED HT	Thickness ☐ 3/32" ☐ 1/8" ☐ Other		
(n/a) (n/a)	Inner Boot Options (F3000) None		
	☐ 3/32 LDPE ☐ 3/32 Optiflex ☐ 1/8 Foam		
	MODIFICATIONS Footplate: □ None □ Mild □ Aggressive		
$\sqrt{\frac{\lambda}{n/a}} \frac{\text{MALLEOUS ML}}{n/a} \frac{\lambda}{n}$	ALIGNMENT		
	Right Foot Left Foot Ankle Alignment		
MET-HEAD ML	□ Neutral □ As Casted □ Neutral □ As Casted		
	□° Dorsi □/Plantar □ □° Dorsi □/Plantar □		
	Heel Alignment ☐ Neutral ☐ As Casted ☐ Neutral ☐ As Casted		
DEVICE MEASUREMENTS (REQUIRED)	Forefoot Alignment		
LATERAL MEDIAL	00 00 00 00 00 00		
	VALGUS VARUS NEUTRAL NEUTRAL VARUS VALGUS		
FINISHED HEIGHT	FOREFOOT TRIMLINE		
HEIGHT			
	MEDIAL EXT BOTH EXT BOTH EXT BOTH EXT BOTH EXT BOTH		
(Company)	Dorsal Wrap: Yes No		
	FINISHING		
	Pattern Transfer: Option 1		
FINISHED FINISHED FOOT FINISHED	Option 2 Additional Padding Posting		
LATERAL TRIM PLATE LENGTH MEDIAL TRIM	□ Navicular □ None □ Full Plantar		
NOTES	☐ Other ☐ Heel & Midfoot ☐ Other ☐ Ot		
	☐ Finished ☐ Unfinished (send straps unattached) ☐ None		
	Straps: White Other		
	Pads: White Other		
	Socks: Additional Quantity \Box Non-skid		