

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) *Cast required if over 80lbs

LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

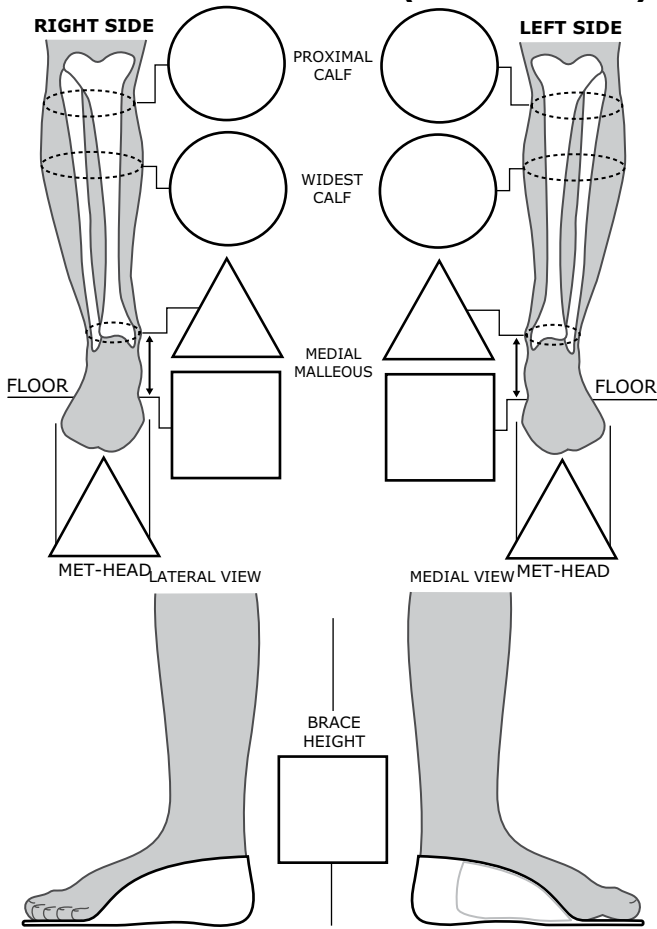
ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: HOUSTON ORLANDO (scootz) PHOENIX OTHER _____

MEASUREMENTS (REQUIRED)



DESIGN

Plastic Type
 Polypropylene Copolymer Modified Polyethylene

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

Footplate Modifications: None Mild Aggressive

Right Ankle Alignment
 Neutral As Casted
 ____° Dorsi /Plantar

Left Ankle Alignment
 Neutral As Casted
 ____° Dorsi /Plantar

Right Heel Alignment
 Neutral As Casted

Left Heel Alignment
 Neutral As Casted

FOREFOOT ALIGNMENT
 Please indicate finished post height – inches or centimeters

| | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | | | | |
| VALGUS | VARUS | NEUTRAL | NEUTRAL | VARUS | VALGUS |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Dorsal Wrap Yes No

DORSAL EXTENSION - CONTROL FOREFOOT RIGHT

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | |
| EXT BOTH | LATERAL EXT | MEDIAL EXT | STD-NO EXT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DORSAL EXTENSION - CONTROL FOREFOOT LEFT

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | |
| STD-NO EXT | MEDIAL EXT | LATERAL EXT | EXT BOTH |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Pattern Transfer: _____

Additional Padding
 Navicular
 Other _____

Posting
 None/Std Full Plantar
 Heel Post Heel & Midfoot
 Other _____

NOTES _____

Inner Boot Options (F3000): None
 3/32 PE (Standard) 1/8 Proflex 1/8 Foam

FINISHING
 Finished Unfinished (send straps unattached) None

Straps: White Strap Standard Other _____

Pads: White Pad Standard Other _____

PreFit Option: Yes No **Socks:** Additional Quantity _____

Shoe Style: _____ Size _____