

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: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One)
 LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

ENCOUNTER #: _____

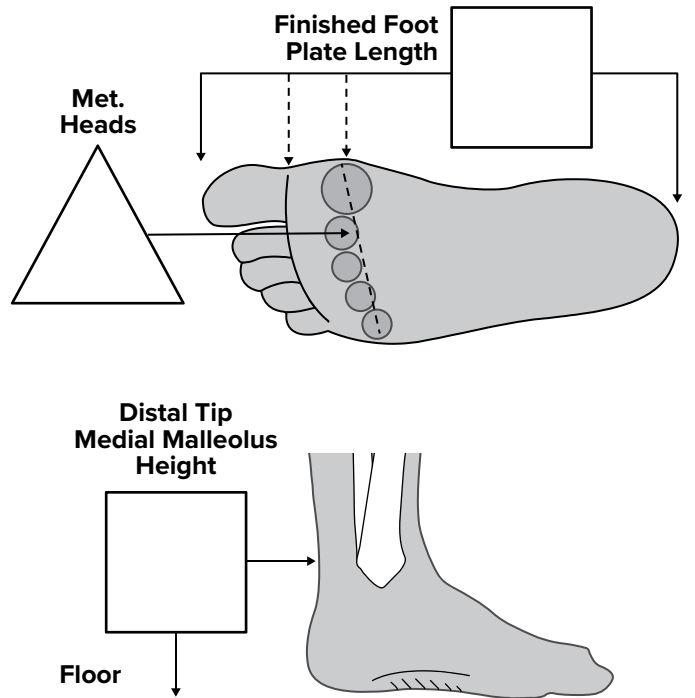
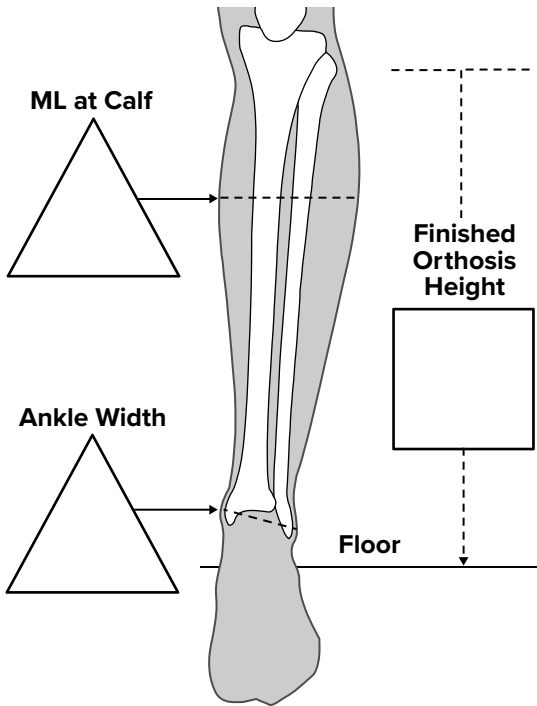
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX

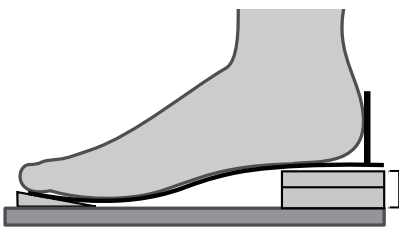
If a Discrepancy Exists, Go By: Impression Measurements **Units of Measure:** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



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

DIGITAL 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/NAME:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL MICROSOFT TEAMS _____

DEVICE

Adult 3D Plastic AFO with Composite Strut (A1944)

Activity Level: Low Medium High

COMPOSITE STRUT OPTIONS (Max weight level is 275 lbs)

PDE Neuro

Spring Length: 200mm 250mm

Spring Firmness (Soft to Firm): 1 2 3 4 5

Coyote (Extra Soft to Extra Rigid)

CD207XS CD207S CD207M CD207R

Corrected Ankle Position

Neutral As Is (Rigid) 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 _____

Modifications: Rigid (as is) Flexible

Standard Tone Reduction ST Mod

Intrinsic Heel Skive/Mod _____ ° Medial Lateral

Trimline Profile: Anatomical Minimal Full/Gutter

Leg Only Ankle Only (Dorsal Web) Foot Only

Additional Build Ups/Reductions (detail in notes section)

ANTERIOR SHELL (Optional) (F2340)

(Material: Black Polypropylene Only)

Anterior Shell Thickness

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

PADDING (F2820) (detail in notes section)

Aliplast Plastazote Pelite/EVA *(no pad accommodation)

Padding Insertion: Pre-print Pad Accommodation Post-print*

Padding Thickness: 1/8" 3/16" 1/4"

DESIGN OPTIONS

TRIMLINES

Midfoot: Standard Mid Min Dorsal Wrap

NOTES

Forefoot

Standard Ext. Lat. Ext. Med. Other _____

Footplate: Full **Proximal Trim:** Standard Wing Trim

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

Proximal Flare: Yes No

MATERIAL (Black Polypropylene Only)

Wall Thickness

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

Reinforcement

Corrugation (F2600)

PADDING (F2820) (detail in notes section)

Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre-print Pad Accommodation Post-print*

Padding Thickness *(no pad accommodation)
 1/8" 3/16" 1/4"

Location

Plantar Foot (F0041) Navicular (F2820) Calf (F2820)

Lateral Malleolus (F2820) Medial Malleolus (F2820)

FINISHING

Finished Unfinished (send straps unattached)

Calf Strap

Leave Detached Chafe Medial Chafe Lateral

1" 1 1/2" 2"

Ankle Strap (F0045)

Leave Detached Chafe Medial Chafe Lateral Instep Fig 8

1" 1 1/2"

Strap Material

Velcro Only Leather Back (F0046) Dacron Back (F0046)

Other _____

Strap Color

Black White Pink Red

Beige Green Purple Blue

TURNAROUND TIMES