



WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:
BILL TO:	PREFERRED METHOD OF CONTACT: CELL
	☐ TEXT ☐ EMAIL ☐ NG MOBILE
ADDRESS:	PATIENT ID:
	HEIGHT: WEIGHT:* AGE:
SHIP TO: SAME AS BILLING	☐ MALE ☐ FEMALE *Cast required if over 80lbs
ADDRESS:	☐ LEFT ☐ RIGHT ☐ BILATERAL
	NG ENCOUNTER #:
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	MEASUREMENT DATE:
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)	IN-OFFICE REQUEST DATE & TIME:
OTHER:	PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)
Email completed form to 🗖 ORL	ANDO: HFN_Orlando@Hanger.com
*CRITICAL MEASUREMENTS FOR FIT: 1) Length: Heel to ML APEX MALLEOLAE *ML MET HEADS APEX L R	adicate one) PLEASE PROVIDE ANATOMICAL MEASUREMENTS. 1st met head, apex 2) ML: Met heads, apex, semi-wt bearing PROXIMAL MALLEO CIRCUMFERENCE *LENGTH HEEL TO 1ST MET HEAD APEX L R
LATERAL MALLEOLUS HEIGHT L R L R	L R L R HEEL-DORSUM INSTEP CIRCUMFERENCE CIRCUMFERENCE
PLASTIC SPECIAL 1/16" STANDARD (Patients ≤ 80lbs)	AL INSTRUCTIONS
☐ 3/32" OPTION (Patients ≥ 80lbs, Cast Required)	
STRAPS INSTEP FOREFOOT —	
STRAP COLORS RED BLUE WHITE BLACK PINK PURPLE YELLOW GREEN	
TRANSFER #:	
SHOES YES NO	
SHOE STYLE: SIZE:	
OTHER PLASTIC HEEL POST CREPE HEEL POST INNER BOOT (F3000) OPEN HEEL NON-SKID SOLE ADDITIONAL	
DORSAL PADS: QTY SOCKS: QTY	
FOOTPLATE STANDARD (EXTENDED LATERAL) MET HEAD LENGTH	