

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

NG ENCOUNTER #: _____

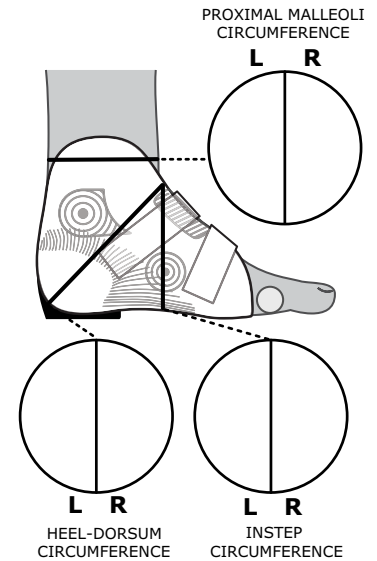
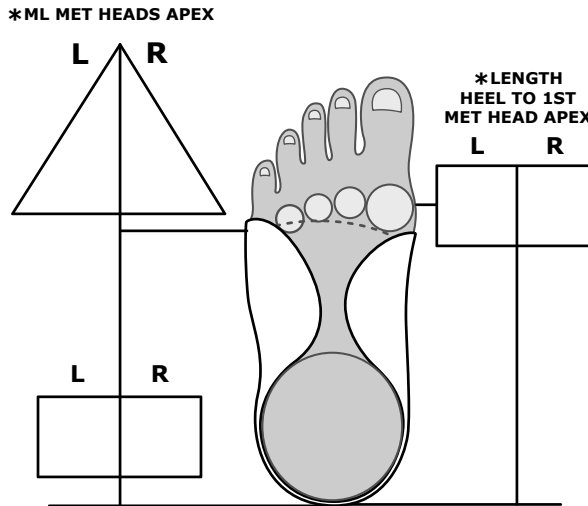
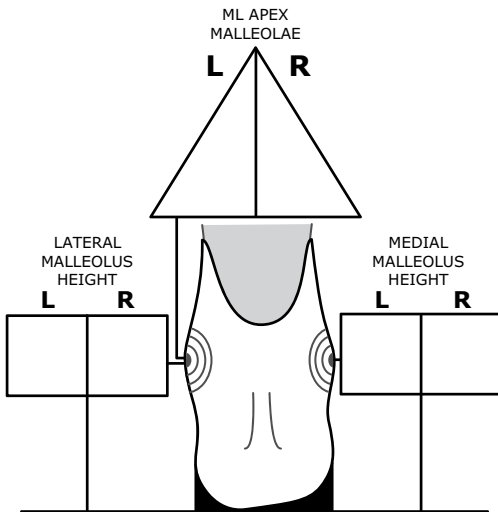
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

Email completed form to ORLANDO: HFN_Orlando@Hanger.com

MEERKAT STANDARD IN or CM (Please indicate one) **PLEASE PROVIDE ANATOMICAL MEASUREMENTS.**

***CRITICAL MEASUREMENTS FOR FIT: 1) Length: Heel to 1st met head, apex 2) ML: Met heads, apex, semi-wt bearing**



PLASTIC

- 1/16" STANDARD (Patients ≤ 80lbs)
- 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

DORSAL PADS: _____ QTY ADDITIONAL SOCKS: _____ QTY

FOOTPLATE

- STANDARD (EXTENDED LATERAL)
- MET HEAD LENGTH
- FULL FOOT LENGTH

SPECIAL INSTRUCTIONS

