

**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 #:** \_\_\_\_\_

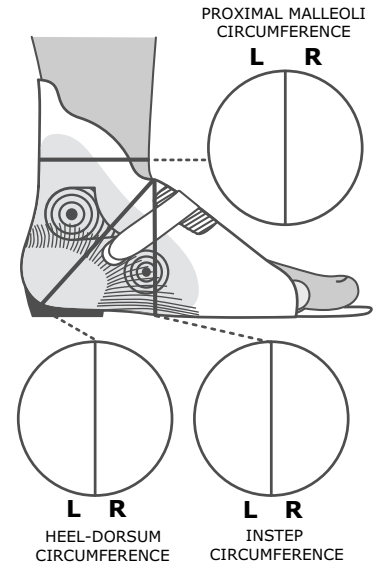
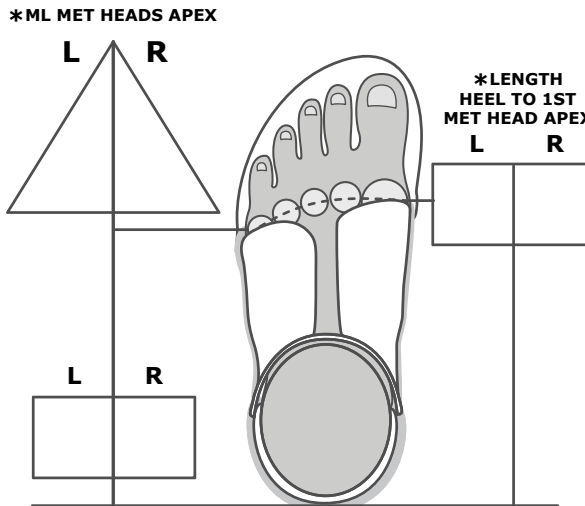
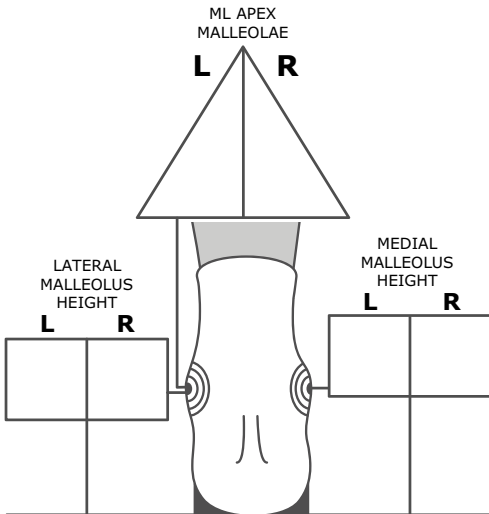
**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

Email completed form to  ORLANDO: [HFN\\_Orlando@Hanger.com](mailto: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)  NON-SKID SOLE

**DORSAL PADS:** \_\_\_\_\_ QTY

**ADDITIONAL SOCKS:** \_\_\_\_\_ QTY

**FOOTPLATE**

- STANDARD (FULL FOOT LENGTH)

**SPECIAL INSTRUCTIONS**

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