

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 ID: _____

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

DIAGNOSIS: _____

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

ENCOUNTER #: _____

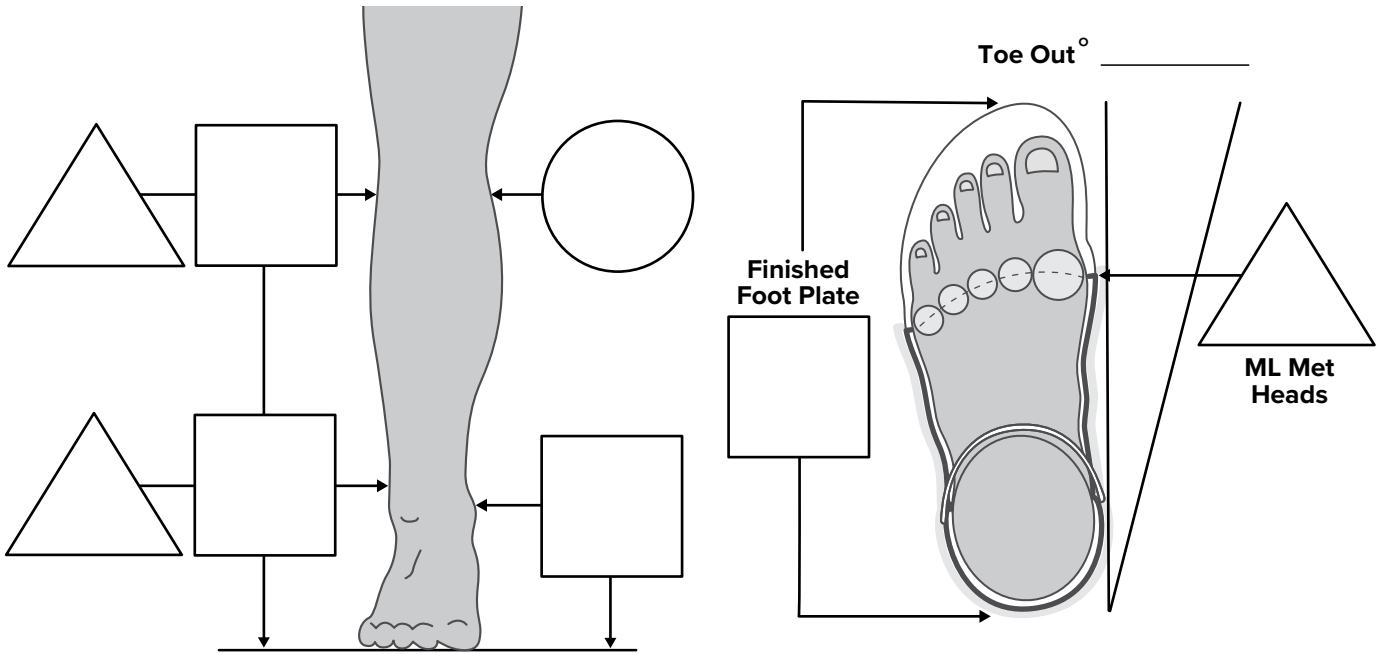
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: KANSAS ORLANDO PHOENIX

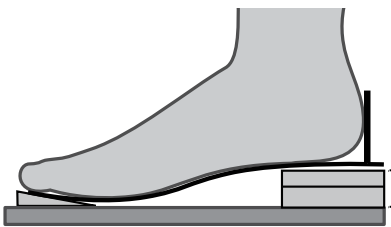
If a Discrepancy Exists, Go By: Impression Measurements **Units of Measure:** Millimeters Inches

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: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

DEVICE

Options

Single Upright Double Upright Hybrid

Modifications

Standard Tone Reduction ST Mod
 Intrinsic Heel Mod _____° Medial Lateral
 Additional Build Ups/Reductions (detail in notes section)

Heel Height: None Other _____

Corrected Ankle Position

Neutral As Is 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 _____

DESIGN

Stirrup

Solid Solid-Extended Solid-White Split UCBL
 Other _____

Ankle Joints

DAAJ Free Motion Split Limited Action Dorsi Assist
 Other _____

Uprights Material

AL SS TI

Size

1/4 x 3/4" 1/4 x 5/8" 3/16 x 1/2" 3/16 x 3/4"
 3/16 x 5/8" 1/8 x 1/2" Other _____

DESIGN (continued)

Pre-Set

Pins Springs DF _____° PF _____°

Hybrid

Polypropylene Copolymer Polyethylene
 Other _____

Thickness

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

FINISHING

Straps

Boot Hooks Eyelets T Strap Medial Lateral
 Other _____

Strap Material Velcro Only

Leather Back (F0046) Dacron Back (F0046) Other _____

Strap Color

Black White Pink Red
 Beige Green Purple Blue

Shoes

Heel Lift _____
 Heel & Sole Lift _____
 Medial Wedge _____
 Lateral Wedge _____
 Steel Shank _____
 Other _____

NOTES

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).