

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

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

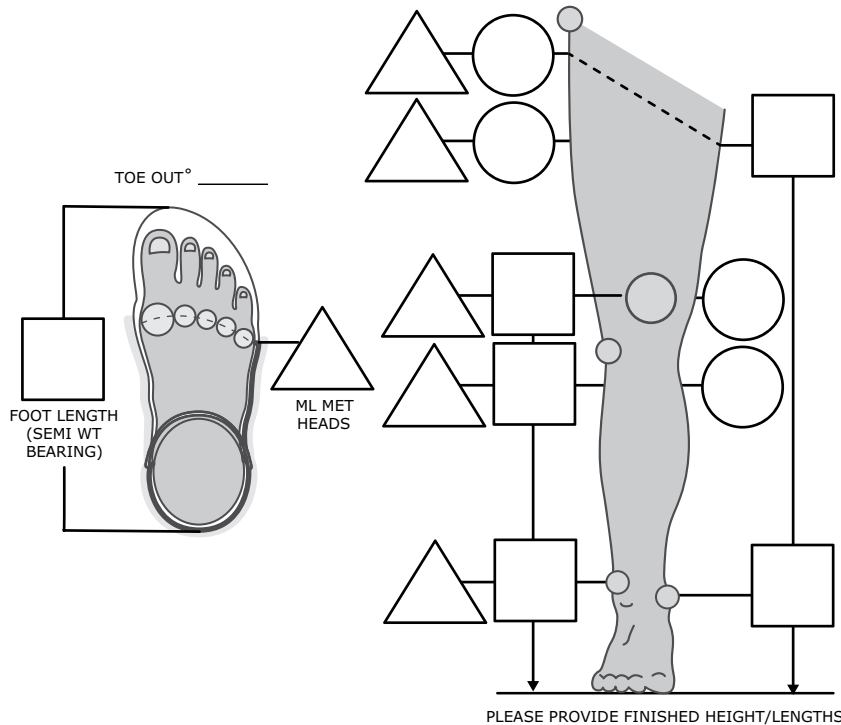
IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: KANSAS ORLANDO PHOENIX

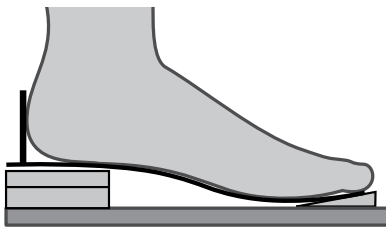
If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



TUNING CRITICAL MEASUREMENTS (Optional)

Casting Block Used? Yes* No *Best Practice: Casting block improves design accuracy and efficiency.



Ankle Angle

As Casted Correct to: _____°

Casting Block Setup

Heel Height: _____ & Toe Ramp: _____

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

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 NG MOBILE _____

DEVICE

Options

Single Upright Double Upright **(CORRECTED TRACING IS REQUIRED)**

Modifications

Standard **Tone Reduction** **ST Mod**

Intrinsic Heel Mod _____° Medial Lateral

Additional Build Ups/Reductions

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

Material

AL SS TI

Bar 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 _____

Pre-Set

Pins Springs DF _____° PF _____°

Stirrup

Solid Solid-Extended Solid-White Split UCBL

Other _____

Ankle Joints

DAAJ Free Motion Limited Action Dorsi Assist

Other _____

DESIGN (continued)

Knee Joints

Bail Lock Drop Lock Cam Lock Dial Lock

Step Lock Spring Lever Lock Ball Retainers

Trigger Release Posterior Offset Polycentric

Finish Options

Growth Extensions Tibial Torsion Spreader Bar _____°

FINISHING

Straps

Eyelets Calf Lacer Thigh Lacer Instep

PTB POS Check 4-Buckle 5-Buckle

T Strap Medial Lateral

Other _____

Strap Material

Leather Dacron 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