**HFN** 

Positive Model: 

Unmodfied 

Modified

## METAL KAFO MEASUREMENTS Page 1 of 2

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:	
BILL TO:	CELL #:	
ADDRESS:	PATIENT ID:	
	HEIGHT: WEIGHT: AGE:	
SHIP TO:  SAME AS BILLING	DIAGNOSIS:	
ADDRESS:	AFFECTED SIDE (Check One) ☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NC	
ADDRESS	NG ENCOUNTER #:	
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	MEASUREMENT DATE:	
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)	IN-OFFICE REQUEST DATE & TIME:	
OTHER:		
HFN: ☐ KANSAS ☐ ORLANDO ☐ PHOENIX		
If a Discrepancy Exists, Go By: ☐ Impression ☐ Measurements Units of Measure: ☐ Millimeters ☐ Inches		
PATIENT MEASUREMENTS (REQUIRED)		
A		
	$\leftarrow$	
TOE OUT°		
ML MET		
(SEMI WT HEADS		
BEARING)		
<u> </u>		
PLEASE PROVIDE FINISHED HEIGHT/LENGTHS		
ALIGNMENT CASTING BLOCK/TUNING (Optional)		
Alignment Casting Block Used?   Yes*   No *Best Practice: Casting block improves design accuracy and efficiency.		
Ankle Angle ☐ As Casted ☐ Correc	Set Heel Wedge to  ct to:°	
Casted on	☐ Set to SVA of:°	
	& Toe Ramp:	
External Heel Wedge		
Attached Unattach		
Shoe Heel Height =		
	·	
DIGITAL SCAN INPUT REQUIREMENTS		
SCAN TYPE: ☐ Split/Inside Cast ☐ Outside Cast (Preferred)		

☐ Direct Patient

Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_

**HFN** 

## METAL KAFO DESIGN Page 2 of 2

WORK ORDER #: (LAB USE ONLY)

CLINICIAN:	PATIENT ID:
PREFERRED METHOD OF CONTACT:  CELL TEXT EMA	AIL MICROSOFT TEAMS
Options   Single Upright Double Upright (CORRECTED TRACING IS REQUIRED)   Modifications   Standard Tone Reduction   Intrinsic Heel Mod ST Mod   Intrinsic Heel Mod Medial   Additional Build Ups/Reductions   Heel Height: None   Other   Corrected Ankle Position   Neutral As Is   Other: DF   Final Corrected Forefoot Position   Right: Neutral   As Is Other   Final Corrected Hindfoot Position   Right: Neutral   As Is Other   Left: Neutral   As Is Other	DESIGN (continued)   Knee Joints
	Straps  Eyelets Calf Lacer Thigh Lacer Instep PTB POS Check 4-Buckle 5-Buckle T Strap Medial Lateral Other  Strap Material Leather Back (F0046) Dacron Back (F0046)
Material           AL         SS         TI           Bar Size         1/4 x 3/4"         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         Soild         Solid-Extended         Solid-White         Split         UCBL           Other         Ankle Joints           DAAJ         Free Motion         Limited Action         Dorsi Assist           Other         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	