

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 #: _____

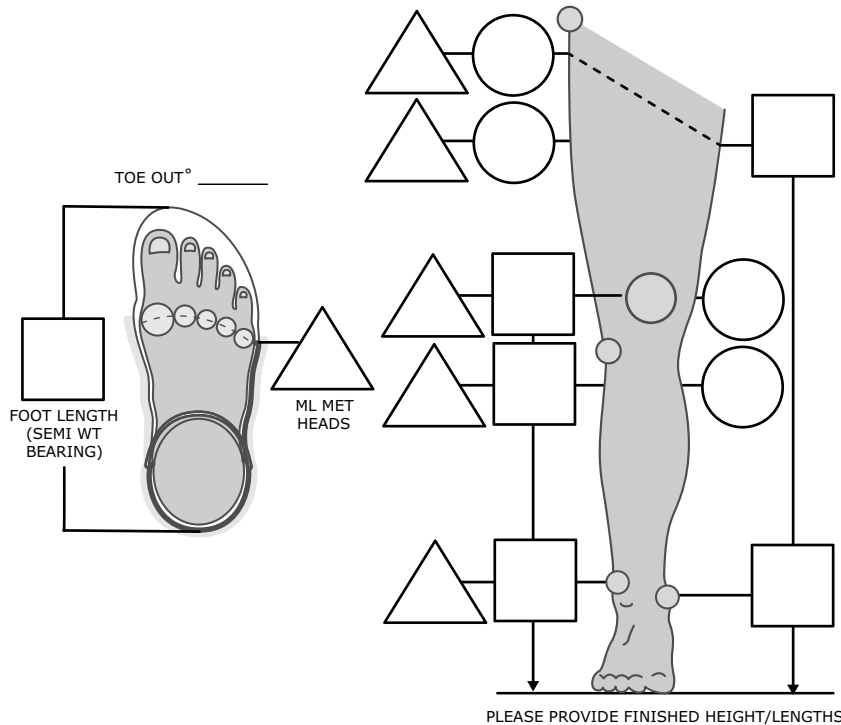
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: KANSAS ORLANDO PHOENIX

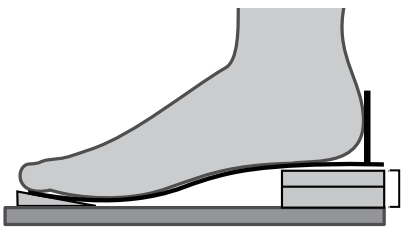
If a Discrepancy Exists, Go By: Impression Measurements **Units of Measure:** Millimeters Inches

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

NOTES

CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

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 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

Large empty box for notes.

TURNAROUND TIMES

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