

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: _____

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

DIAGNOSIS: _____

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL CHICAGO HOUSTON OTHER _____

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

PATIENT MEASUREMENTS (REQUIRED)

GUIDANCE

- Any brace with a flat toe plate will require shoe work to function
- Any brace without a contoured foot plate/toe ramp is prone to fail

CAST EVALUATION

Side
 Left Right _____" Correct _____

Leave as Cast

Rotation
 OK Int Ext _____° Correct _____

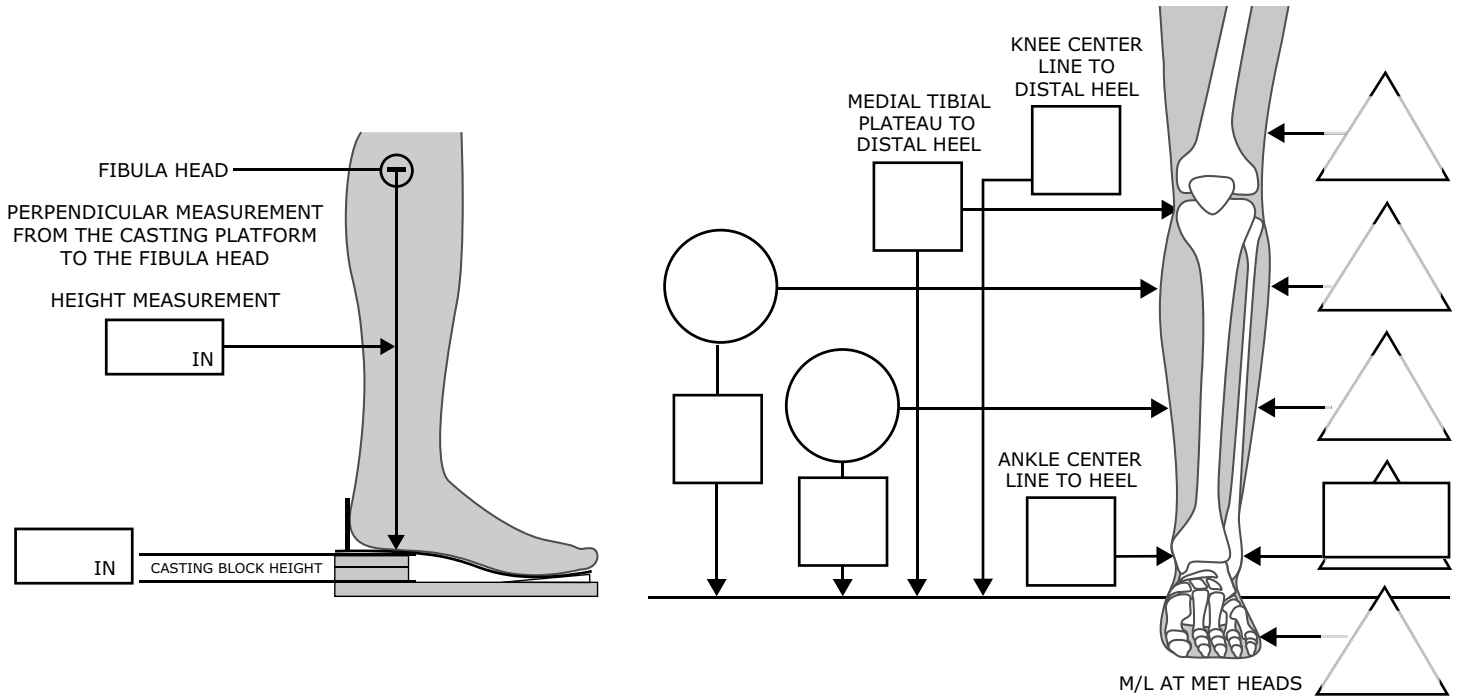
Leave as Cast

Fore Foot
 OK Inv Evr _____" Correct _____

Leave as Cast

Rocker
 OK Flat Contoured Correct _____

Leave as Cast



SCAN INPUT REQUIREMENTS

SCAN TYPE Split/Inside Cast Outside Cast (Preferred) **MEASUREMENTS** Average Cast Thickness _____ mm
 Positive Model: Unmodified Modified Direct Patient Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID/NAME:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL MICROSOFT TEAMS _____

BRACE DESIGN/SPECIFICATIONS

Activity Level

Low Medium High

PDE	Spring Length (mm)			PDE Spring Firmness (soft to firm)								
	250	225	300	0.5	0.75	1	2	3	4	5	6	7
Neuro	250					1	2	3	4	5		
Kids	175	225				1	2	3	4	5	6	7
Ortho	200	250	300	0.5	0.75	1	2	3	4	5	6	7

Coyote

CD207XS CD207S CD207M CD207R CD207XR

Corrected Ankle Position

Neutral As Is (Rigid) 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 _____

ANTERIOR SHELL

Plastic Type

Polypropylene Copolymer Pro Comp

Thickness

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

PADDING (detail in notes section)

Aliplast Plastazote Pelite/EVA

Padding Insertion: Pre Plastic Pull Post Plastic Pull

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

TRIMLINES

Midfoot

Standard Mid Min Dorsal Wrap

Forefoot

Standard Ext. Lat Ext Med Other _____

Footplate: Full **Proximal Trim:** Standard Wing Trim

Varus/Valgus Prevention

Right: Varus Valgus Pad Supramalleolar Extension

Left: Varus Valgus Pad Supramalleolar Extension

Ext. Heel Post (F0040) _____ ° Med Lat Plastic Crepe

Ext. Forefoot Post (F0040) _____ ° Med Lat Plastic Crepe

Proximal Flare: Yes No

NOTES

MATERIAL

Plastic Type

Polypropylene Copolymer Pro Comp

Thickness

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

TRANSFER (F0053) /PLASTIC COLOR

Option 1 _____ Option 2 _____

Reinforcement

Corrugation (F2600) Compcore (F0051) Other _____

PADDING (detail in notes section)

Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion

Pre Plastic Pull Post Plastic Pull*

*Post pull pads thicker than 1/8" are accommodated for in modification process

Thickness

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

Location

Full Device (F2840) Full Foot (F2860) Navicular (F2820)

Lateral Malleolus (F2820) Medial Malleolus (F2820)

INNER BOOT (F1915) (detail optional padding in notes section)

Material

Polyethylene EVA/Foam Proflex (F9036) Other _____

Thickness

3/32" 1/8" 5/32" Other _____

FINISHING

Finished Unfinished (send straps unattached)

Calf Strap

Leave Detached Chafe Medial Chafe Lateral

1" 1 1/2" 2"

Ankle Strap

Leave Detached Chafe Medial Chafe Lateral Instep Fig 8

1" 1 1/2"

Strap Material Velcro Only

Leather Back (F0046) Dacron Back (F0046)

Other _____

Strap Color

Black White Pink Red Beige Green Purple Blue

Non-Skid Surface (F0036)

Right Left Bilateral Glued: Yes No

TURNAROUND TIMES

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