

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: ☐ SAME AS BILLING _____

ADDRESS: _____

SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D)

OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)

☐ OTHER: _____

PATIENT ID/NAME: _____

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

DIAGNOSIS: _____

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

CLINICIAN: _____

CELL #: _____

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

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

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

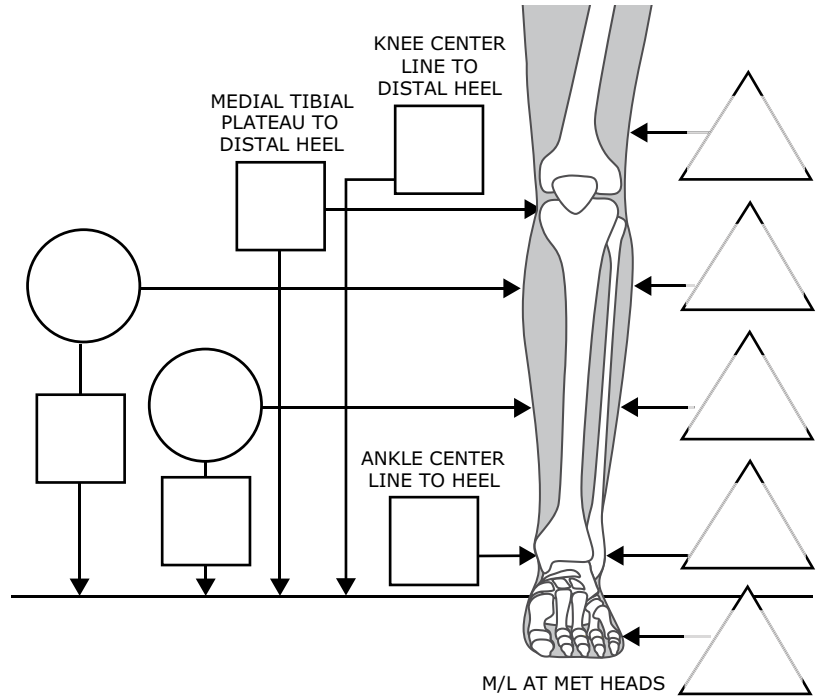
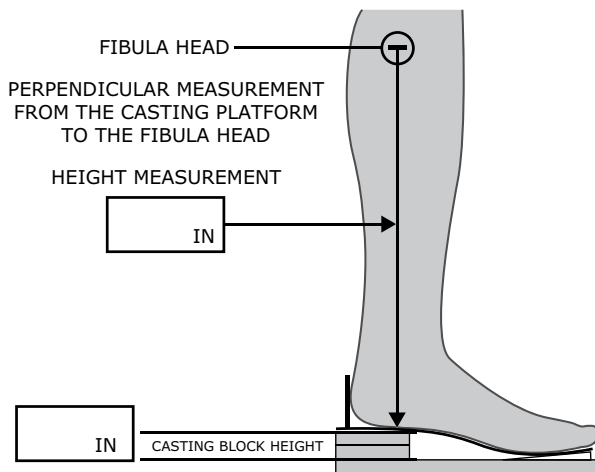
Heel Height

_____ " ☐ Correct _____

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)

Positive Model: ☐ Unmodified ☐ Modified ☐ Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm

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)							
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](#)