

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/NAME: _____

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

DIAGNOSIS: _____

AFFECTED SIDE (Check One):

☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

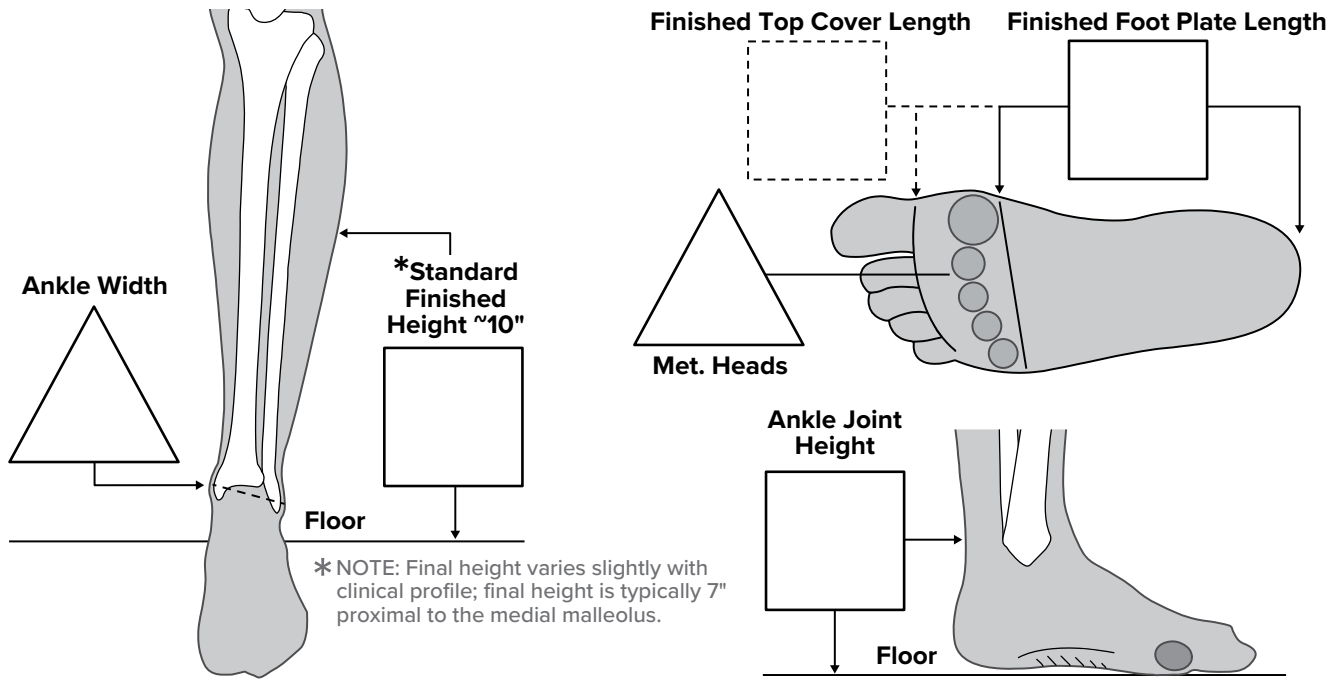
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN ☐ ORLANDO ☐ PHOENIX

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

PATIENT MEASUREMENTS (REQUIRED)



DIGITAL 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 _____

NOTES

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

PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ MICROSOFT TEAMS _____

DEVICE

- ☐ **Prefab Overlap Uprights Separate** ([Sure-01](#))
☐ Fixed Overlap (Chicago Screw)
- ☐ Custom Overlap Uprights Bridged (Sure-02)
☐ Separate Uprights ☐ Fixed Overlap (Chicago Screw)
- ☐ Custom Tamarack Joint, Uprights Bridged (Sure-03) ☐ Separate Uprights
☐ Neutral (Straight) Dorsi Assist: ☐ 75-Mild ☐ 85-Mod ☐ 95-Strong
- ☐ Variable ROM Camber Axis Bridged (Sure-08)
☐ Separate Uprights
- ☐ [Short AAFO](#) (Phoenix Only)

MODIFICATIONS

- ☐ Navicular _____ ☐ Base of 5th _____
- ☐ Additional Build Ups/Reductions (detail in notes section)
- Casting Block Used? ☐ Yes ☐ No
- Heel Height: ☐ None ☐ 1/4" ☐ 3/8" ☐ 1/2" ☐ Other _____

Intrinsic Heel Skive

- ☐ Medial ☐ Lateral ☐ 2° ☐ 4° ☐ 6°

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 _____

NOTES

DESIGN

Shoe Size _____

TRIMLINES

Midfoot

- ☐ **Standard (wide)** ☐ Mid (narrow) ☐ Min (low profile)

Forefoot

- ☐ **Standard** ☐ Extension Lateral ☐ Extension Medial

Footplate (plastic)

- ☐ **Met** ☐ Sulcus ☐ Full

Heel Cup

- ☐ **35 mm** ☐ 18 mm ☐ 14 mm ☐ Other _____

- ☐ Extrinsic Crepe Heel Post _____ ° ☐ Medial ☐ Lateral

- ☐ Extrinsic Crepe Forefoot Post _____ ° ☐ Medial ☐ Lateral

- ☐ Heel Lift _____ thickness

MATERIAL SELECTION

Top Cover

- ☐ **1/8" EVA** ☐ Poron ☐ Spenco ☐ BiLam (Zote+Poron)

Top Cover Length

- ☐ **Sulcus** ☐ Metatarsals ☐ Full

FINISHING

Add Ons

- ☐ Medial Sling
- ☐ Lateral Sling
- ☐ Instep Strap
- ☐ Other _____

TURNAROUND TIMES

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