

**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 #:** \_\_\_\_\_

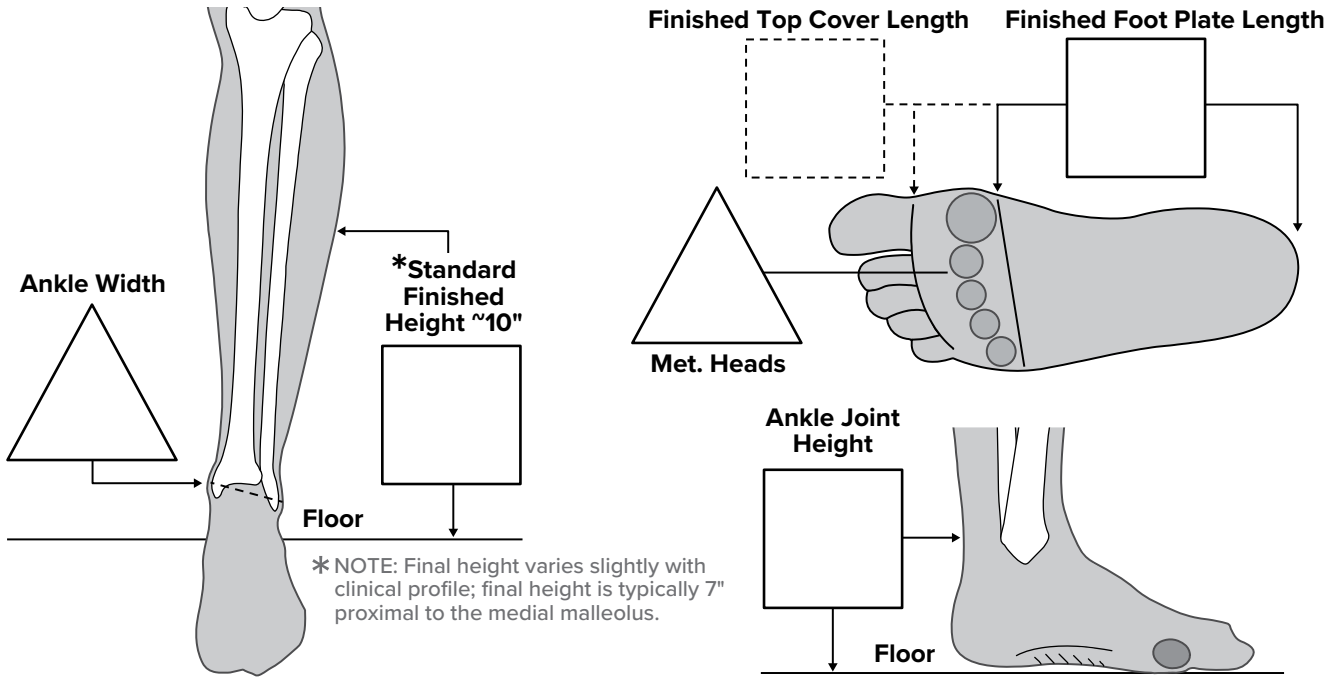
**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

HFN  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) **MEASUREMENTS:** Average Cast Thickness \_\_\_\_\_ mm  
 Positive Model:  Unmodified  Modified  Direct Patient Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_\_\_

**NOTES**

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CLINICIAN: \_\_\_\_\_ PATIENT ID: \_\_\_\_\_

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