

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: \_\_\_\_\_

PREFERRED CONTACT METHOD: \_\_\_\_\_

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  KANSAS/LENEXA

**CREPE**

Cloud  Soleflex

**BOTTOM SOLE**

Topi  Herringbone  Original Sole

**COLOR**

Black  White  
 Brown  Other \_\_\_\_\_

**OPTIONS**

Flare  Medial  Lateral \_\_\_\_\_"  
 Wedge  Medial  Lateral \_\_\_\_\_"  
 Buttress  Medial  Lateral \_\_\_\_\_"  
 Steel Shank \_\_\_\_\_  
 Met Bar  
 Inside Lift \_\_\_\_\_



Lateral  
 Medial



Heel Mild Toe  
 Inches  Centimeters



Mild Rocker



Heel Toe Rocker



Negative Heel Rocker



Toe Only Rocker



Severe Angle Rocker



Double Rocker

**NOTES**

Empty box for notes.

**TURNAROUND TIMES**

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