

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

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

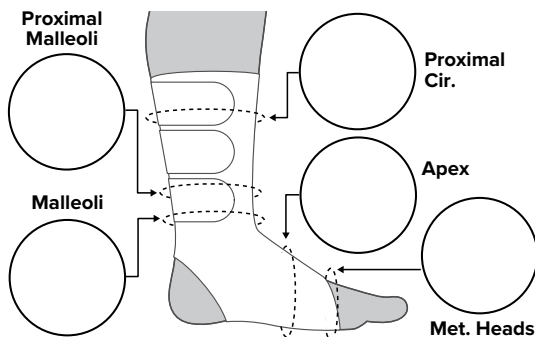
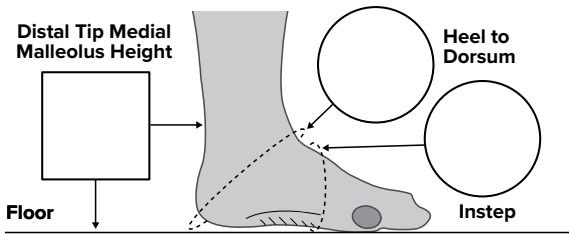
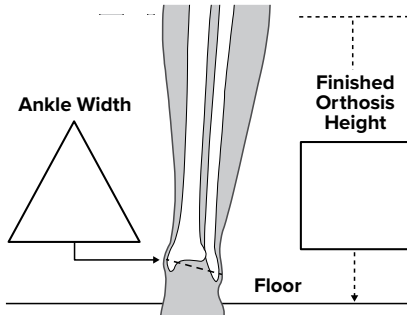
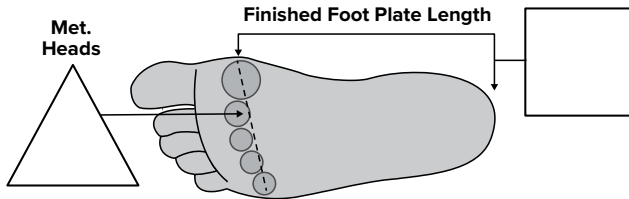
IN-OFFICE REQUEST DATE & TIME: _____

HFN: ORLANDO

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

MEASUREMENTS (REQUIRED)

REQUIREMENTS: Cast patient in 3° dorsiflexion and semi-weight bearing (flat plantar surface). All bony prominences must be marked with indelible pencil: Malleoli, Met Heads, Base of Fifth and Dorsum of Foot.



DESIGN

SiAFO DESIGNS

One (F1921, Intergrated Si Straps) Walk (F1920, Velcro Straps)

Modifications

Standard
 Additional Build Ups/Reductions (detail in notes section)
 Heel Height: None Other _____

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 _____

TRIMLINES

Midfoot

Standard Mid Min Dorsal Wrap

Forefoot

Standard Ext. Lat Ext Med Other _____

Footplate

Met Sulcus Full

FINISHING

Finished Unfinished (send straps unattached)

Calf Strap

Leave Detached Chafe Medial Chafe Lateral
 1" 1 1/2" 2"

Ankle Strap

Leave Detached Chafe Med Chafe Lat 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

TURNAROUND TIMES

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