

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: ANAHEIM ORLANDO

ACTIVITY LEVEL: K1 K2 K3 K4



STANDARD

Standard Silicone Partial Foot Includes:
 • 1/4" Silicone End Pad

NON-STANDARD OPTIONS

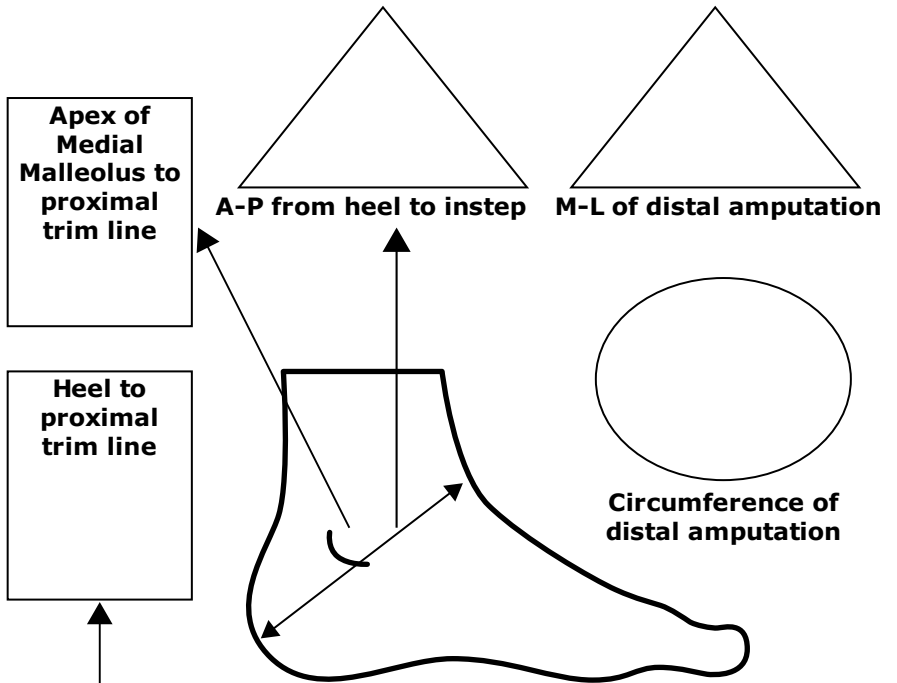
- Silicone with Zipper
- Silicone Slipper Style
- Leather Lace Front
- Toe Filler
- Install Carbon Plate
 - Very Soft Firm
 - Soft X Firm
 - Med XX Firm

Install Toes

Type _____

Add Distal End Pad

Type _____



1	We must have a shoe to fabricate prosthesis	2	Please draw alignment lines on the cast	3	Please mark the desired height on cast	4	Please cast patient in 90° position
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NOTES

TURNAROUND TIMES