

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: _____

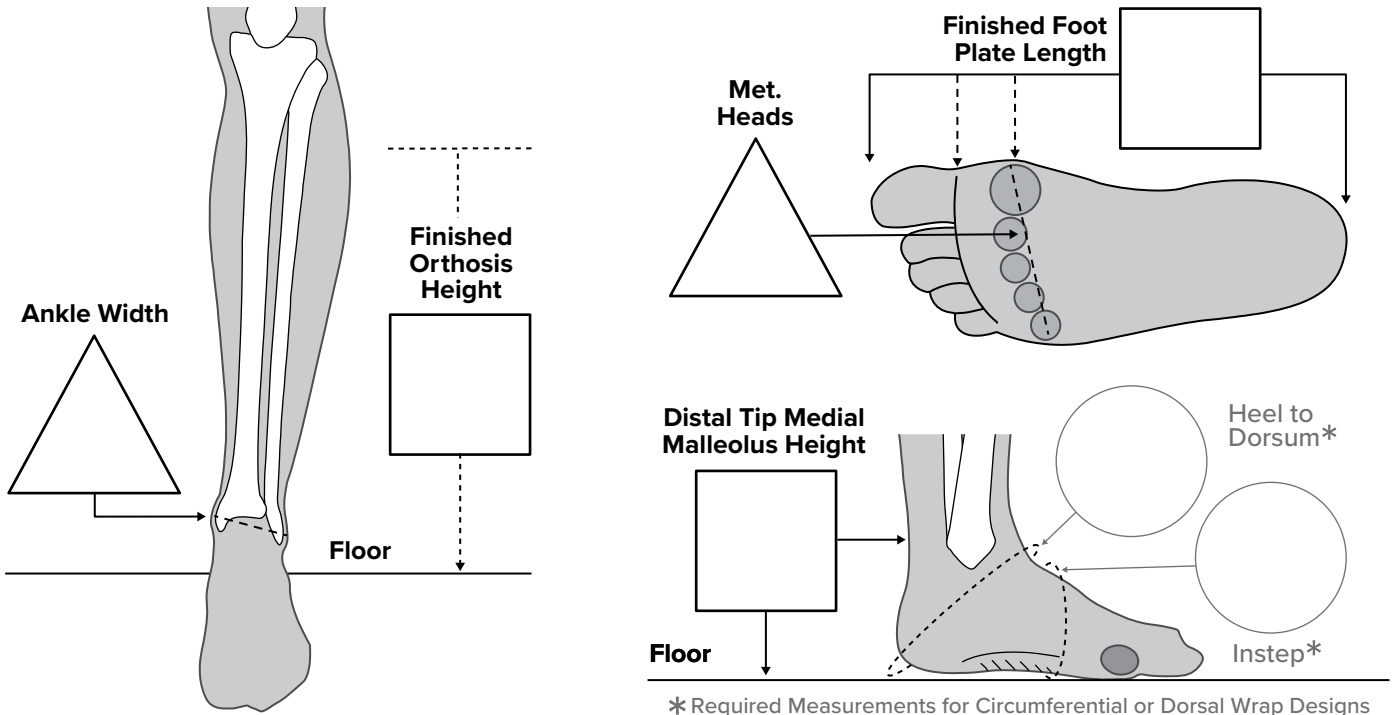
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO HOUSTON OTHER _____

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

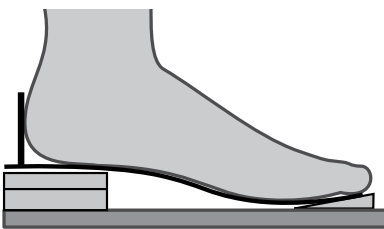
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap Designs

TUNING CRITICAL MEASUREMENTS (Optional)

Casting Block Used? Yes* No * *Best Practice: Casting block improves design accuracy and efficiency.*



Ankle Angle
 As Casted Correct to: _____°

Casting Block Setup
 Heel Height: _____ & Toe Ramp: _____

Heel Wedge
 Attached Unattached
 Shoe Heel Height = _____

Set Heel Wedge to:
 Calculate from Cast Block Setup
 Set to SVA of: _____°
 Other _____°

- **Calculated** = Casted Heel – Shoe Heel
- **SVA** = (Set AFO to SVA first) AFO Heel – Shoe Heel
- **Other** = Clinician Specified Amount

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 _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DEVICE

AFO DESIGNS

- Solid Ankle Semi-solid PLS
 Articulated with Stop Articulated Free Motion

Modifications

- Standard Tone Reduction ST Mod
 Intrinsic Heel Mod _____° Medial Lateral
 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 _____

DESIGN

- Ankle Joints** None Unfinished: Do NOT Articulate
 Tamarack Optns: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
 Other _____

Posterior Stops

- Plastic Block Becker 795 Becker 655 PAS

TRIMLINES

Midfoot

- Standard Mid Min Dorsal Wrap

Forefoot

- Standard Ext. Lat Ext Med Other _____

Footplate

- Met Sulcus Full Proximal Trim

Proximal Trim

- Standard Wing Trim

Varus/Valgus Prevention

- Right: Varus Valgus Pad Supramalleoar Extension
 Left: Varus Valgus Pad Supramalleoar Extension

- Ext. Heel Post _____° Med Lat Plastic Crepe
 Ext. Forefoot Post _____° Med Lat Plastic Crepe

- Proximal Flare** Yes No

NOTES

THERMOFORMING

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 3/32" 1/8" 5/32" 3/16" 1/4" Other _____

TRANSFER/PLASTIC COLOR

Description/# _____

Reinforcement

- Corrugation Compcore Other _____

PADDING (detail in notes section)

- Aliplast Plastazote Pelite/EVA Tri-Lam

Padding Insertion: Pre Plastic Pull Post Plastic Pull

Thickness

- 1/8" 5/32" 3/16" 1/4"

Location

- Full Device Full Foot Navicular Lat Mal Med Mal

INNER BOOT

Material

- Polyethylene EVA/Foam Other _____

Thickness

- 3/32" 1/8" 5/32" Other _____

FINISHING

- Finished Unfinished (send straps unattached)

Calf Strap

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

Ankle Strap

- Leave Detached Chafe Medial Chafe Lateral Instep Fig 8
 1" 1 1/2"

Strap Material

- Velcro Only Leather Back Dacron Back Other _____

Strap Color

- Black White Pink Red
 Beige Green Purple Blue

Non-Skid Surface

- Right Left Bilateral

Glued: Yes No

TURNAROUND TIMES