**HFN** 

## SOLID, SEMI-SOLID, PLS & ARTICULATED AFO MEASUREMENTS Page 1 of 2

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:	
BILL TO:	CELL #:	
ADDRESS:	PATIENT ID:	
	HEIGHT: WEIGHT: AGE:	
SHIP TO:  SAME AS BILLING	DIAGNOSIS:	
	AFFECTED SIDE ( Check One)	
ADDRESS:	☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO	
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	NG ENCOUNTER #:	
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)	MEASUREMENT DATE:	
OTHER:	IN-OFFICE REQUEST DATE & TIME:	
	AGO HOUSTON KANSAS OTHER	
	asurements Units of Measure:  Millimeters  Inches	
PATIENT MEASUREMENTS (REQUIR	ED)	
Floor	Met. Heads  Stal Tip Medial alleolus Height  Plate Length  Heel to Dorsum*  Required Measurements for Circumferential or Dorsal Wrap Designs	
	NUNIO (O. 11 II)	
ALIGNMENT CASTING BLOCK/TU	NING (Optional)	
Alignment Casting Block Used?   Yes*   No *Best Practice: Casting block improves design accuracy and efficiency.		
Ankle Angle ☐ As Casted ☐ Correct	Set Heel Wedge to t to:°	
Casted on	Set to SVA of:°	
Cast Block Height:	& Toe Ramp:	
External Heel Wedge	• Calculated = Casted Heel - Shoe Heel	
☐ Attached ☐ Unattach Shoe Heel Height =	(001711 0 10 0 1771 11011 0 11001 0 11001	
- Caron - Simolar Opening Amount		
DIGITAL SCAN INPUT REQUIREMENTS		

**SCAN TYPE:** □ Split/Inside Cast □ Outside Cast (Preferred) —

□ Direct Patient

Positive Model: 

Unmodfied 

Modified

→ MEASUREMENTS: Average Cast Thickness \_\_\_\_\_ mm
Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_\_\_



## SOLID, SEMI-SOLID, PLS & ARTICULATED AFO DESIGNS Page 2 of 2

WORK ORDER #: (LAB USE ONLY)

CLINICIAN:	PATIENT ID:
PREFERRED METHOD OF CONTACT:  CELL TEXT EMAIL MICROSOFT TEAMS	
AFO DESIGNS  Solid Ankle (F1960)  Semi-solid (F1960)  PLS (F1960)  Articulated with Stop (F1970)  Articulated Free Motion (F1970)  Corrected Ankle Position Neutral  As Is (Rigid) Other:  DF PF PF  Final Corrected Forefoot Position  Right:  Neutral  As Is Other  Left:  Neutral  As Is Other  Final Corrected Hindfoot Position  Right:  Neutral  As Is Other  Final Corrected Hindfoot Position  Right:  Neutral  As Is Other  Final Corrected Hindfoot Position  Right:  Neutral  As Is Other  Foot Modifications:  Rigid  Flexible  Standard  Tone Reduction  ST Mod  Intrinsic Heel Skive/Mod	THERMOFORMING  Plastic Type
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 Snap Stop	□ Polyethylene □ EVA/Foam □ Proflex (F9036) □ Other   Thickness □ 3/32" □ 1/8" □ 5/32" □ Other    FINISHING □ Finished □ Unfinished (send straps unattached)
TRIMLINES  Midfoot  Standard Mid Min Dorsal Wrap  Forefoot Standard Ext. Lat Ext Med Other  Footplate Proximal Trim Met Sulcus Full Standard Wing Trim  Varus/Valgus Prevention  Right: Varus Valgus Pad Supramalleoar Extension  Left: Varus Valgus Pad Supramalleoar Extension  Ext. Heel Post (F0040) Med Lat Plastic Crepe	Fastener  Speedy Copper Chicago  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 (F0046) Dacron Back (F0046)  Other  Strap Color Black White Pink Red Beige Green Purple Blue
□ Ext. Forefoot Post (F0040) ° □ Med □ Lat □ Plastic □ Crepe  Proximal Flare: □ Yes □ No  NOTES	Non-Skid Surface (F0036) Right Left Bilateral Glued: Yes No