

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/NAME: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):
☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

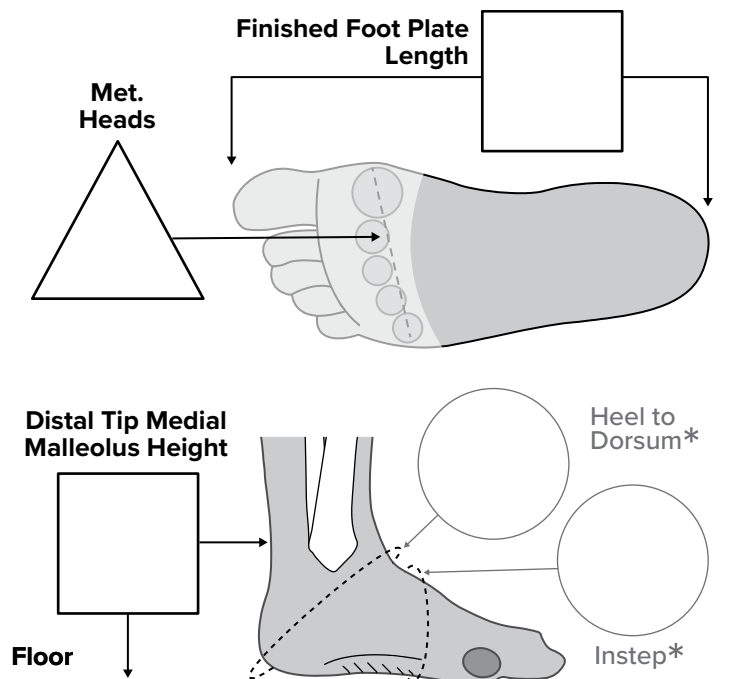
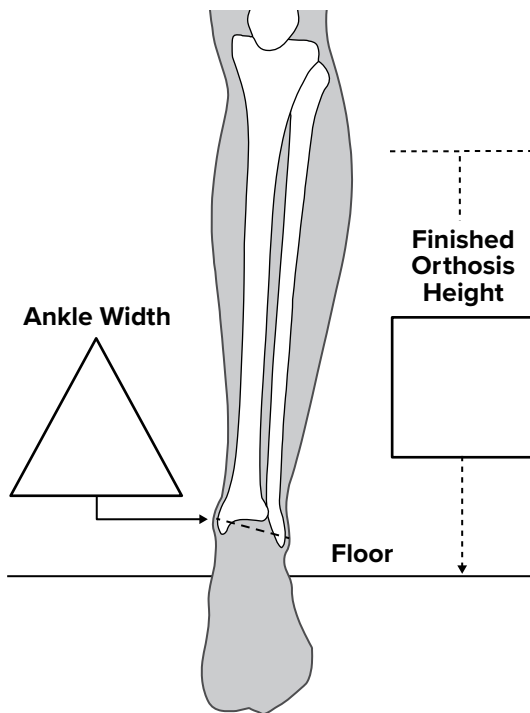
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: ☐ HOUSTON

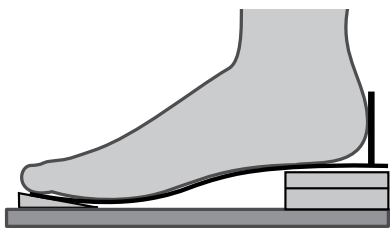
If a Discrepancy Exists, Go By ☐ Impression ☐ Measurements **Units of Measure** ☐ Millimeters ☐ Inches

PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap Designs

☐ ALIGNMENT CASTING BLOCK/TUNING

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

Ankle Angle
☐ As Casted ☐ Correct to: _____°

Casted on:

Cast Block Height: _____ & Toe Ramp: _____

External 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

☐ DIGITAL 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/NAME:** _____

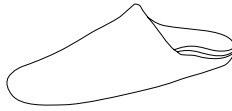
PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ MICROSOFT TEAMS _____


TMA INSERT

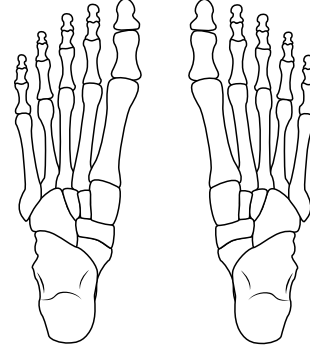
DESIGN: Cork Base, Poron Inner, Plastazote Top Cover

REQUIREMENTS

- ☐ Complete Measurements (Page 1)
- ☐ Cast for TMA Insert on Casting Block
- ☐ Cast above Ankle
- ☐ Capture Distal End/Met Head Shape
- ☐ Provide Shoe
- ☐ Provide Foot Tracing
- ☐ Draw Amputation Level



DRAW AMPUTATION LEVEL

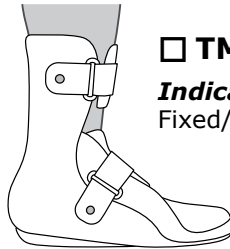


INSERT + AFO

REQUIREMENTS

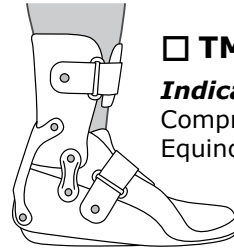
- ☐ Pre-fit TMA Insert
- ☐ Cast over TMA Insert on Casting Board
- ☐ Complete Measurements (Page 1)
- ☐ Provide Shoe and Insole Tracing

DESIGN OPTIONS



☐ TMA 1

Indication:
Fixed/Painful Ankle

Design:
Mid-Calf, Copoly, Solid AFO,
Northvane SMO, TMA insert


☐ TMA 2

Indication:
Compromised Skin,
Equino-Varus, PF Contracture

Design: Mid-Calf, Copoly,
Articulated AFO, Northvane SMO,
TMA Insert, Launchpad Joint and X

****[For XOS Design See Separate Order Form](#)****

NOTES _____

TURNAROUND TIMES

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