

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: ☐ SAME AS BILLING _____

ADDRESS: _____

SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D)
OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)
☐ OTHER: _____

HFN: ☐ ORLANDO (scootz) ☐ HOUSTON ☐ OTHER _____

CLINICIAN: _____

PREFERRED CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One)

☐ LEFT ☐ RIGHT or ☐ BILATERAL: SYMMETRICAL ☐ YES ☐ NO

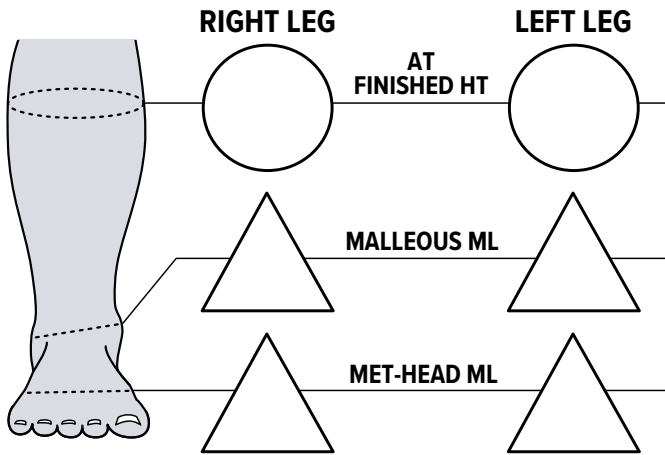
NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

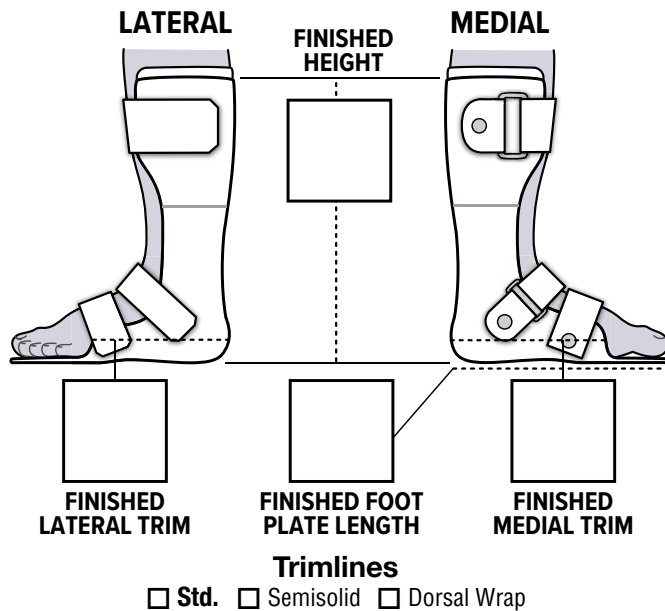
IN-OFFICE REQUEST DATE & TIME: _____

If a Discrepancy Exists, Go By: ☐ Impression ☐ Measurements

PATIENT MEASUREMENTS (REQUIRED)



DEVICE MEASUREMENTS (REQUIRED)



NOTES

MATERIAL

Plastic Type

☐ Polypropylene ☐ Copolymer ☐ Modified Polyethylene

Thickness

☐ 3/32" ☐ 1/8" ☐ Other _____

Inner Boot Options (F3000) ☐ None

☐ 3/32 LDPE ☐ 3/32 Optiflex ☐ 1/8 Foam

MODIFICATIONS

Footplate: ☐ None ☐ Mild ☐ Aggressive

ALIGNMENT

Right Foot			Left Foot		
Ankle Alignment					
<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted		<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted	
<input type="checkbox"/> ____° Dorsi	<input type="checkbox"/> /Plantar	<input type="checkbox"/>	<input type="checkbox"/> ____° Dorsi	<input type="checkbox"/> /Plantar	<input type="checkbox"/>
Heel Alignment					
<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted		<input type="checkbox"/> Neutral	<input type="checkbox"/> As Casted	
Forefoot Alignment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOREFOOT TRIMLINE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dorsal Wrap: ☐ Yes ☐ No

FINISHING

Pattern Transfer: Option 1 _____
Option 2 _____

Additional Padding

☐ Posterior Proximal Calf

☐ Navicular

☐ Other _____

☐ Finished ☐ Unfinished (send straps unattached) ☐ None

Straps: ☐ White Other _____

Pads: ☐ White Other _____

Socks: Additional Quantity _____ ☐ Non-skid

Posting

☐ None

☐ Heel Post

☐ Other _____

☐ Full Plantar

☐ Heel & Midfoot