

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: _____

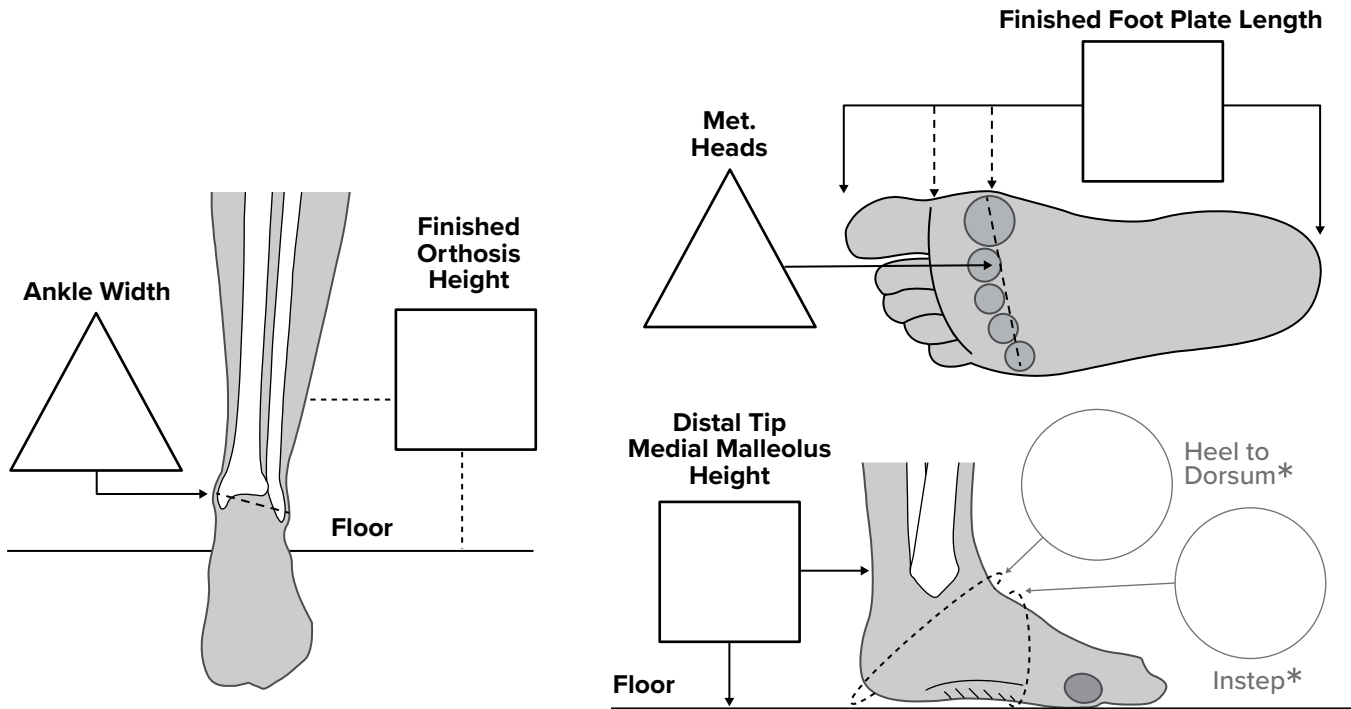
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: ☐ PHOENIX ☐ ORLANDO ☐ CROMWELL ☐ CHICAGO ☐ HOUSTON ☐ OTHER _____

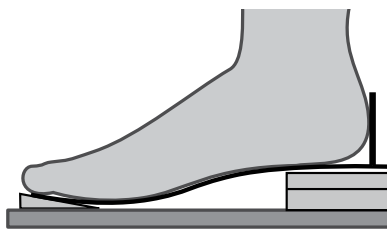
If a Discrepancy Exists, Go By ☐ Impression ☐ Measurements **Units of Measure** ☐ Millimeters ☐ Inches

PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap Designs

☐ ALIGNMENT CASTING BLOCK/TUNING (Optional)

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 _____

DEVICE

DESIGNS

☐ [UCB](#) (F3000) ☐ [SMO](#) (F1960) ☐ [Inner Boot](#) (F1915)

Corrected Ankle Position

☐ **Neutral** ☐ As Is (Rigid)

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 _____

[Modifications](#) ☐ Rigid ☐ **Flexible**

☐ [Standard](#) ☐ [Tone Reduction](#) ☐ [ST Mod](#)

☐ [Intrinsic Heel Skive/Mod](#) _____ ° ☐ Medial ☐ Lateral

☐ Additional Build Ups/Reductions (detail in notes section)

DESIGN

[TRIMLINES](#)

Midfoot

☐ **Standard** ☐ Mid ☐ Min ☐ Dorsal Wrap

Forefoot

☐ **Standard** ☐ Ext. Lat ☐ Ext Med ☐ Other _____

Footplate

☐ Met ☐ Sulcus ☐ Full

☐ Ext. Heel Post (F0040) _____ ° ☐ Med ☐ Lat ☐ **Plastic** ☐ Crepe

☐ Ext. Forefoot Post (F0040) _____ ° ☐ Med ☐ Lat ☐ Plastic ☐ **Crepe**

Proximal Flare

☐ Yes ☐ **No**

THERMOFORMING

Plastic Type

☐ **Polypropylene** ☐ Copolymer ☐ Modified Polyethylene

Thickness

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

TRANSFER (F0053)/PLASTIC COLOR

Option 1 _____ Option 2 _____

PADDING (detail in notes section)

☐ Aliplast ☐ Plastazote ☐ Pelite/EVA ☐ Tri-Lam

Padding Insertion: ☐ Pre Plastic Pull ☐ Post Plastic Pull*

*Post pull pads thicker than 1/8" are accommodated for in modification process

Thickness

☐ 1/8" ☐ 3/16" ☐ 1/4"

Location

☐ Full Device (F2840) ☐ Full Foot (F2860)

☐ Navicular (F2820) ☐ [Horseshoe/Heel](#) (F2820)

☐ Lateral Malleolus (F2820) ☐ Medial Malleolus (F2820)

INNER BOOT MATERIAL

☐ Polyethylene ☐ EVA/Foam ☐ Proflex (F9036) ☐ Other _____

Thickness

☐ 3/32" ☐ 1/8" ☐ 5/32" ☐ Other _____

FINISHING ☐ **Finished** ☐ Unfinished (send straps unattached)

Fastener: ☐ **Speedy** ☐ Copper

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

NOTES

TURNAROUND TIMES

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