

**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

**NG ENCOUNTER #:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

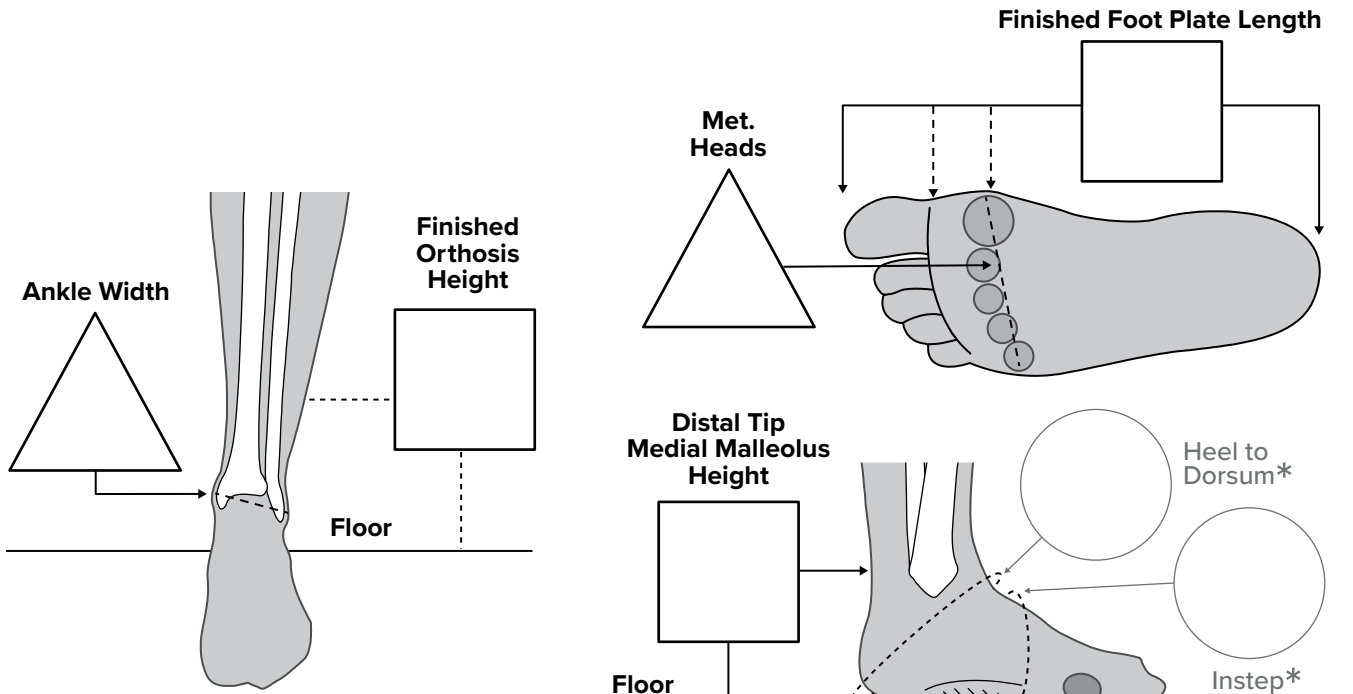
**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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

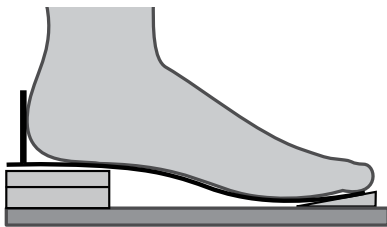
**PATIENT MEASUREMENTS (REQUIRED)**



\* 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

### DESIGNS

UCB  SMO  Inner Boot

### 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

### TRIMLINES

#### Midfoot

Standard  Mid  Min  Dorsal Wrap

#### Forefoot

Standard  Ext. Lat  Ext Med  Other \_\_\_\_\_

#### Footplate

Met  Sulcus  Full

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/# \_\_\_\_\_

### 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)

### 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

## TURNAROUND TIMES

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