

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

ENCOUNTER #: _____

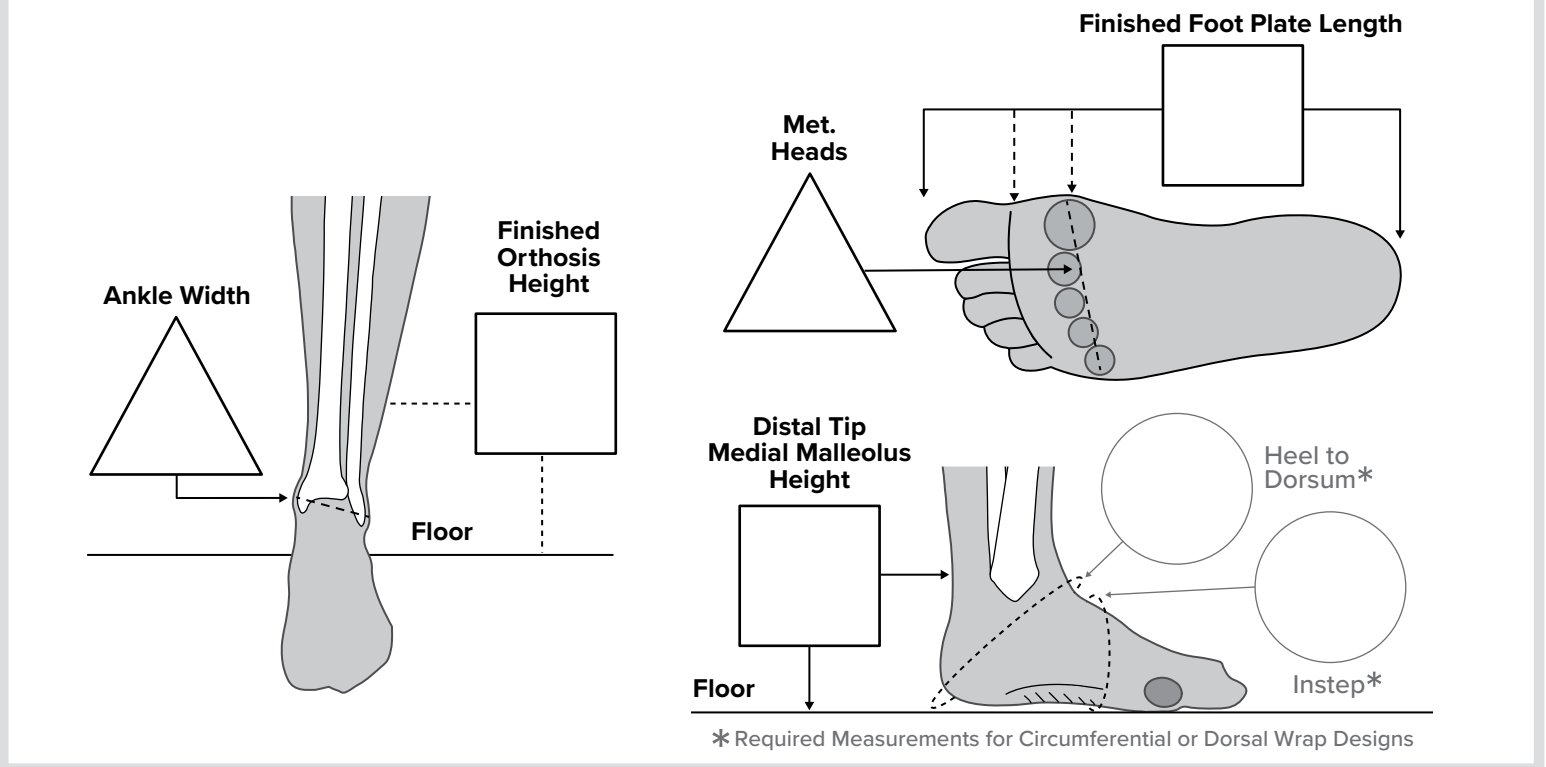
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL CHICAGO HOUSTON OTHER _____

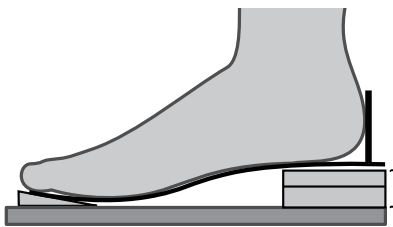
If a Discrepancy Exists, Go By: Impression Measurements **Units of Measure:** Millimeters Inches

PATIENT MEASUREMENTS (REQUIRED)



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) **MEASUREMENTS:** Average Cast Thickness _____ mm
 Positive Model: Unmodified Modified Direct Patient Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ PATIENT ID: _____

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

NOTES

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

TURNAROUND TIMES

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