

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: _____

PREFERRED CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

DIAGNOSIS: _____

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

ENCOUNTER #: _____

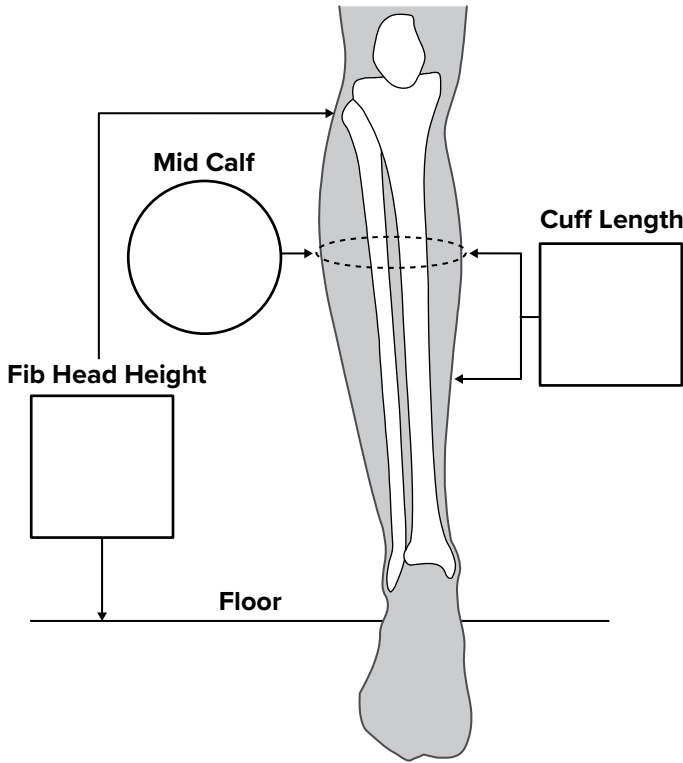
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

XOS is not available digitally. Please ship cast directly to HFN Houston 3620 Willowbend Blvd, Ste 1118-A | Houston, TX 77054 **HFN:** HOUSTON

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

MEASUREMENTS (REQUIRED)



DESIGN

Shoe Size _____

Cuff Style
 PTB Design Anterior Shell Leather A/P

Foot Plate
 Standard Partial Foot
 Plate Size _____

Plate Strength: Low Medium High

Closure Type
 Adjustable Reel Strap Single Strap

Finish
 Carbon Pigmented Custom Fabric

Wedge Type
 _____ Glue the Sole

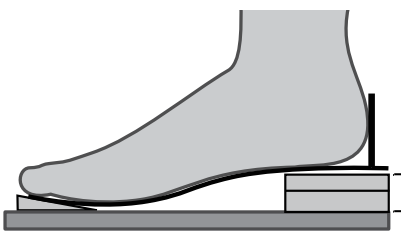
Strut is provided with the kit.
Complete this section only if the design deviates from kit.

PDE Spring Length
 300 250 200 175 Ped

PDE Spring Category
 .5 .75 1 2 3 4 5 6 7 FK

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

TURNAROUND TIMES

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