

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:** _____

MALE FEMALE
 LEFT RIGHT BILATERAL*

*If bilateral, please complete one order form for both right and left leg.

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX

REQUIREMENTS CHECK LIST

- CSA review & RCM approval
 - Components ordered from HD-shipped to your PCC
 - Cast for check socket & ship to HFN AZ
 - Patient fitting & alignment
 - Ship final aligned check brace, order form & components to HFN Phoenix
- *ALL patient measurements must be included**

UNITS OF MEASURE

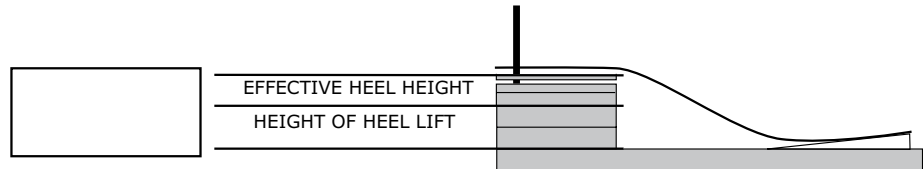
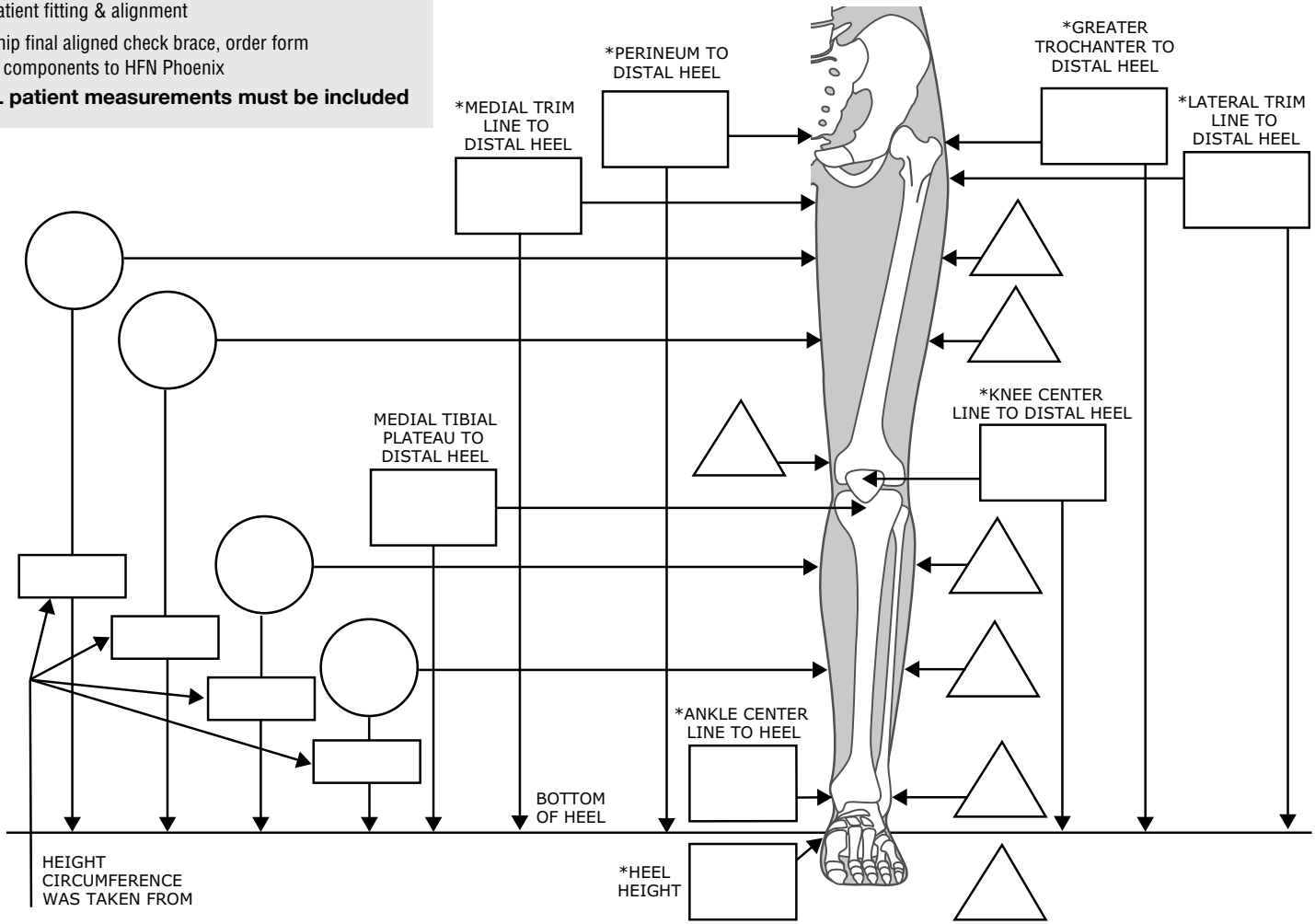
- Centimeters Inches

MEASUREMENTS WERE TAKEN

- Supine Semi Weight Bearing

FOOT EXTERNAL ROTATION

- 5° 7° Other _____°



CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

CHECK SOCKET

Proximal Anterior Calf Fit

- Test orthosis fit was snug at medical and lateral calf, do not remove anterior flare modifications.
- Test orthosis fit was loose at medial and lateral calf, remove anterior flare modifications.

TECHNICIAN ONLY (Confirm components provided)

Ankle Joint (please select one)

Bilateral (Two Joints)

- 17LA3N=16-T(<187 lbs.) 17LA3N=20-T(<242 lbs.) 17A0100=22-T(≤ 275 lbs.)
- 17AD100=16-T(≤187 lbs.)* 17AD100=20-T(≤ 242 lbs.)* *Delivered with foot stirrup and lamination bars invoiced separately.

Unilateral (One Joint)

- 17A0100-16-T (≤ 190 lbs.) 17A0100-20-T (190-220 lbs.) 17A0100-22-T (≤ 242 lbs.)

Straps and Tongues

- 2 Thigh straps, 1 calf strap both with floating tongue BOA Closure
- 2 Thigh straps and 1 calf strap with no tongues
- Additional strap(s), Specify _____ Additional tongues(s), Specify _____
- 514Z9=40-7 Safe Lock slider buckles (for single-handed use instead of standard velcro closure)

Liner Options (includes 2 sets)

- EVA (black) Thickness _____ mm Terry Cloth (blue) AirFlex – standard option (black)

Note: The EVA liner is not removable and will not come with a second set of liners.

Corrective Pads

- Medial Thigh Medial Calf 3mm 4mm 5mm 6mm Other _____

FINISH

- Finished gloss Finished satin black Fabric design, Specify _____

Proximal Thigh flare Yes No

Reduce medial knee joint clearance from test orthosis design _____ MM

Ankle clearance for ankle joints(s) _____ MM Medial (**5 is standard**) _____ MM lateral (**3 is standard**)

Jointed Lower Leg Optional Designs Posterior calf with anterior tongue Floor reaction anterior calf (not applicable to leaf spring design)

NOTES

TURNAROUND TIMES

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