

**PCC #:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIP TO:**  SAME AS BILLING \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIPPING:**  GROUND (FXGD)  STANDARD 2 DAY (FX2D)  
 OVERNIGHT:  PRIORITY (FX1D)  1st OVERNIGHT (FX1A)  
 OTHER: \_\_\_\_\_

**PATIENT ID/NAME:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

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

**CLINICIAN:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

**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)**

**GUIDANCE**

- Any brace with a flat toe plate will require shoe work to function
- Any brace without a contoured foot plate/toe ramp is prone to fail

**CAST EVALUATION**

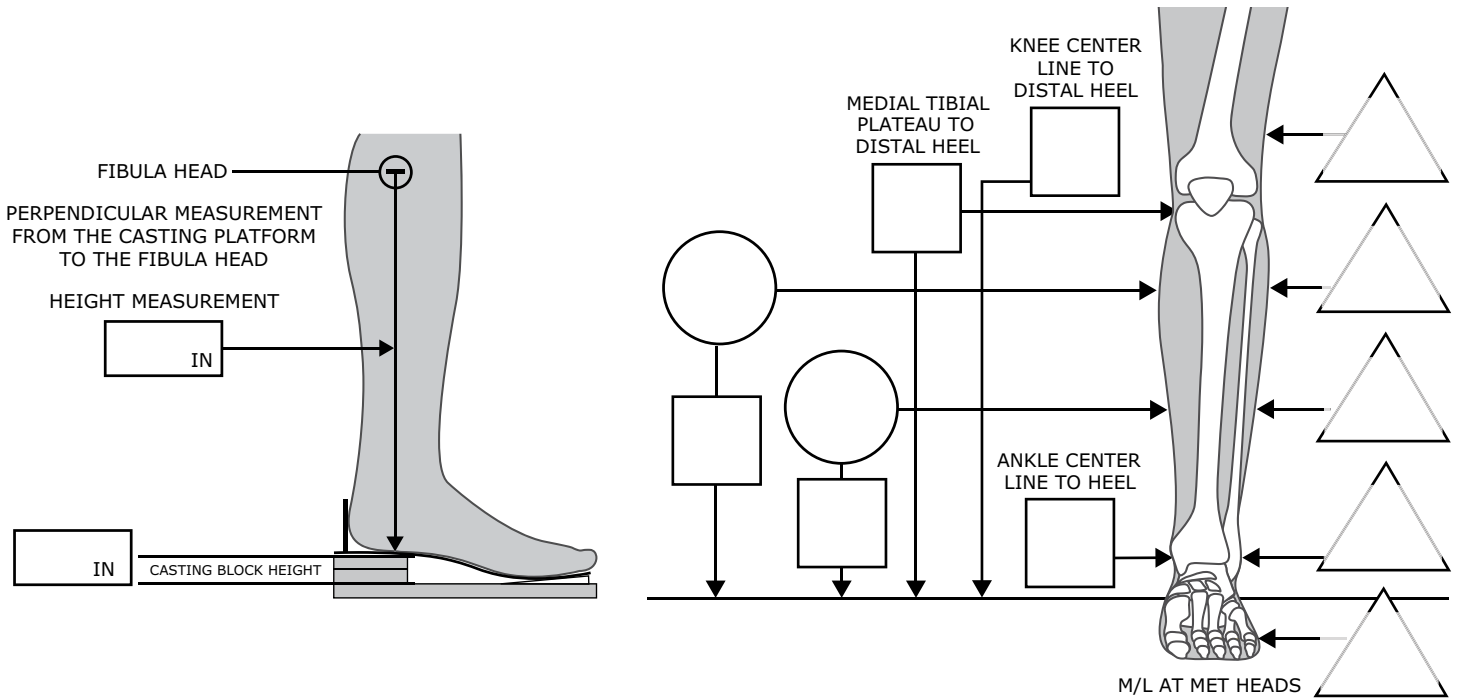
**Side**  
 Left  Right \_\_\_\_\_"  
 Correct \_\_\_\_\_  
 Leave as Cast

**Heel Height**  
 \_\_\_\_\_"  
 Correct \_\_\_\_\_  
 Leave as Cast

**Rotation**  
 OK  Int  Ext \_\_\_\_\_°  
 Correct \_\_\_\_\_  
 Leave as Cast

**Fore Foot**  
 OK  Inv  Evr \_\_\_\_\_"  
 Correct \_\_\_\_\_  
 Leave as Cast

**Rocker**  
 OK  Flat  Contoured  Correct \_\_\_\_\_  
 Leave as Cast



**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  NG MOBILE \_\_\_\_\_

### BRACE DESIGN/SPECIFICATIONS

- Adult  Pediatric
- Activity Level**  
 Low  Medium  High
- Spring Length**  TP175  TP225  TP250  
 200mm  250mm  300mm #:1-7 #:1-7 #:1-5
- Spring Category** (Strut length may change due to final design)  
 .5  .75  1  2  3  4  5  6  7
- 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 \_\_\_\_\_

### ANTERIOR SHELL

- Plastic Type**  
 Polypropylene  Copolymer  Pro Comp
- Thickness**  
 3/32"  1/8"  5/32"  3/16"  1/4"  Other \_\_\_\_\_
- PADDING** (detail in notes section)  
 Aliplast  Plastazote  Pelite/EVA
- Padding Insertion:**  Pre Plastic Pull  Post Plastic Pull
- Thickness:**  1/8"  5/32"  3/16"  1/4"

### TRIMLINES

- Midfoot**  
 Standard  Mid  Min  Dorsal Wrap
- Forefoot**  
 Standard  Ext. Lat  Ext Med  Other \_\_\_\_\_
- Footplate**  Met  Sulcus  Full **Proximal Trim**  Standard  Wing Trim
- Varus/Valgus Prevention**  
 Right:  Varus  Valgus  Pad Supramalleolar Extension  
 Left:  Varus  Valgus  Pad Supramalleolar Extension  
 Ext. Heel Post \_\_\_\_\_ °  Med  Lat  Plastic  Crepe  
 Ext. Forefoot Post \_\_\_\_\_ °  Med  Lat  Plastic  Crepe
- Proximal Flare:**  Yes  No

### THERMOFORMING

- Plastic Type**  
 Polypropylene  Copolymer  Pro Comp
- Thickness**  
 3/32"  1/8"  5/32"  3/16"  1/4"  Other \_\_\_\_\_
- TRANSFER/PLASTIC COLOR**  
**Description/#** \_\_\_\_\_
- Reinforcement**  
 Corrugation  Compcore  Other \_\_\_\_\_
- 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**  
 Poly  EVA/Foam  Proflex  Other \_\_\_\_\_
- Thickness**  
 3/32"  1/8"  5/32"  Other \_\_\_\_\_

### FINISHING

- Finished  Unfinished (send straps unattached)
- Calf Strap**  
 Leave Detached  Chafe Medial  Chafe Lateral  
 1"  1 1/2"  2"
- 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
- Non-Skid Surface**  
 Right  Left  Bilateral  
 Glued:  Yes  No

**NOTES**

### TURNAROUND TIMES