

**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/NAME:** \_\_\_\_\_

**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:** ☐ ALPHARETTA

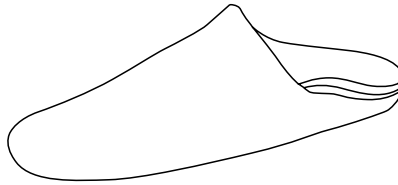
**INSERT ONLY** (for Insert + AFO please use [TMA Insert and AFO Combo Order Form](#))

**NOTE: ORDERS CANNOT BE PROCESSED WITHOUT ALL REQUIREMENTS**

**DESIGN: Base:** ☐ Cork ☐ EVA **Midlayer:** Poron **Top Cover:** Black Plastazote

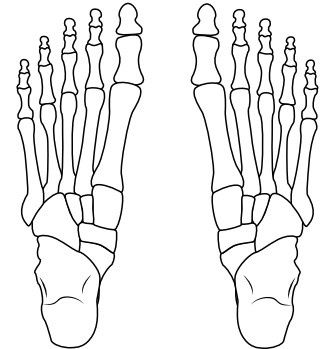
## REQUIREMENTS

- ☐ Complete Measurements
- ☐ Cast for TMA Insert on Casting Block
- ☐ Cast above Ankle
- ☐ Capture Distal End/Met Head Shape
- ☐ Provide Shoe
- ☐ Provide Foot Tracing
- ☐ Draw Amputation Level



**SHIP TO:**  
**HANGER FABRICATION NETWORK**  
**6530 CORPORATE CT STE 300, DOCK 26**  
**ALPHARETTA, GA 30005**

## DRAW AMPUTATION LEVEL



## NOTES

## TURNAROUND TIMES

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

.5"  
.5"

