

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

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

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

**AFFECTED SIDE (Check One):**  
 LEFT  RIGHT or  BILATERAL (If bilateral, please complete one order form for both right and left leg)

**NG ENCOUNTER #:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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**

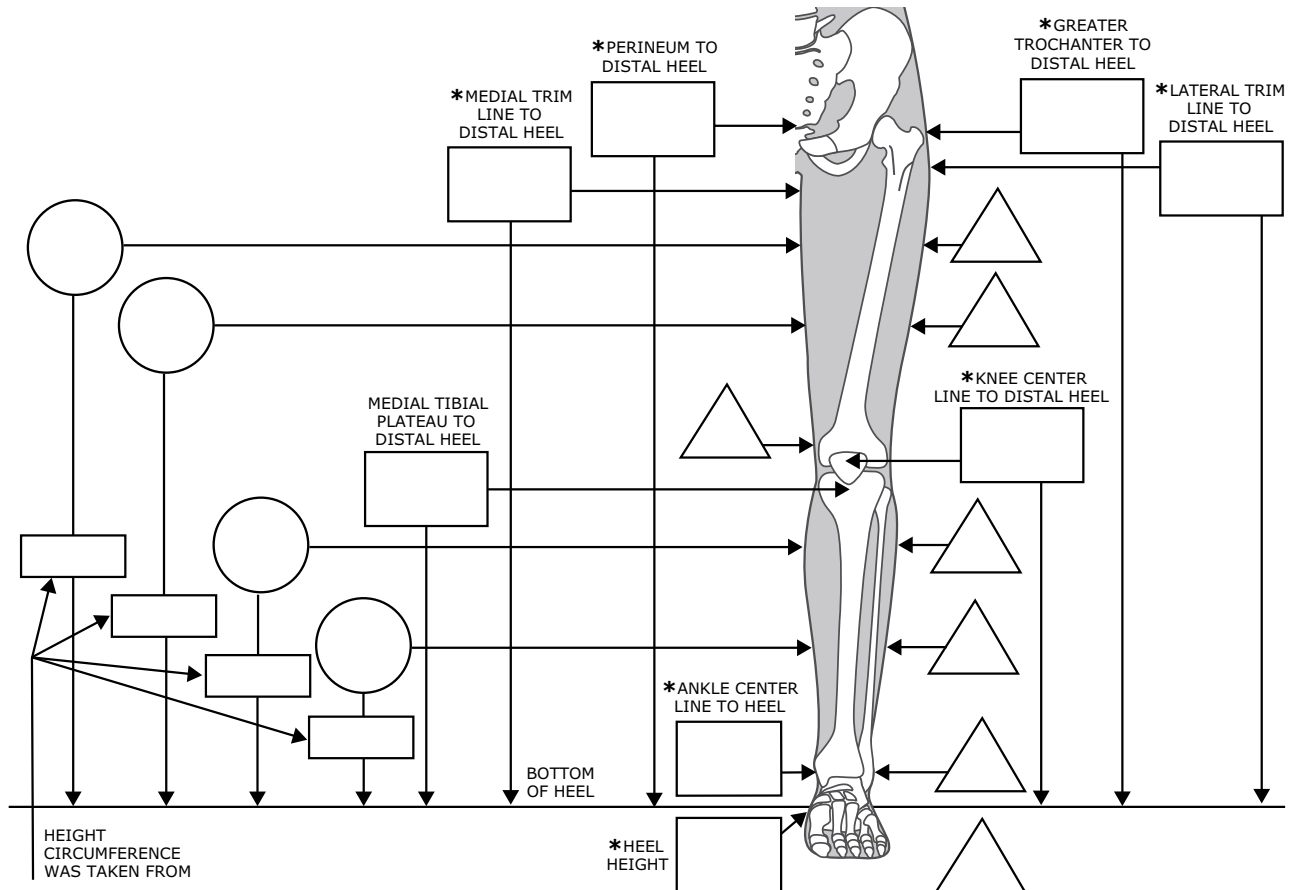
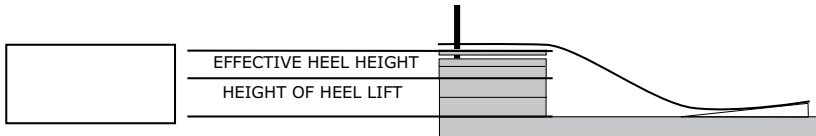
- Supine  Semi Weight Bearing

**FOOT EXTERNAL ROTATION**

- 5°  7°  Other: \_\_\_\_\_°

**ACTIVITY LEVEL (check one)**

- Limited household ambulator, sit to stand & transfers
- Household ambulator, w/walker or cane, cares for self
- Limited community ambulator, walks at slow cadence w/walker or cane on level surfaces
- Active community ambulator, walks w/or w/out cane at varying cadence on level and uneven paved surfaces w/curbs & ramps
- Independent ambulator, variable cadence, uneven surfaces both paved & unpaved
- Very active ambulator, runs & jumps & may participate in sporting activities



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

**PREFERRED METHOD OF CONTACT:**  CELL  TEXT  EMAIL  MICROSOFT TEAMS \_\_\_\_\_

**CHECK SOCKET**

**Proximal Anterior Calf Fit**

- Test orthosis fit was snug at medial 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       Adjustable Reel 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**