

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

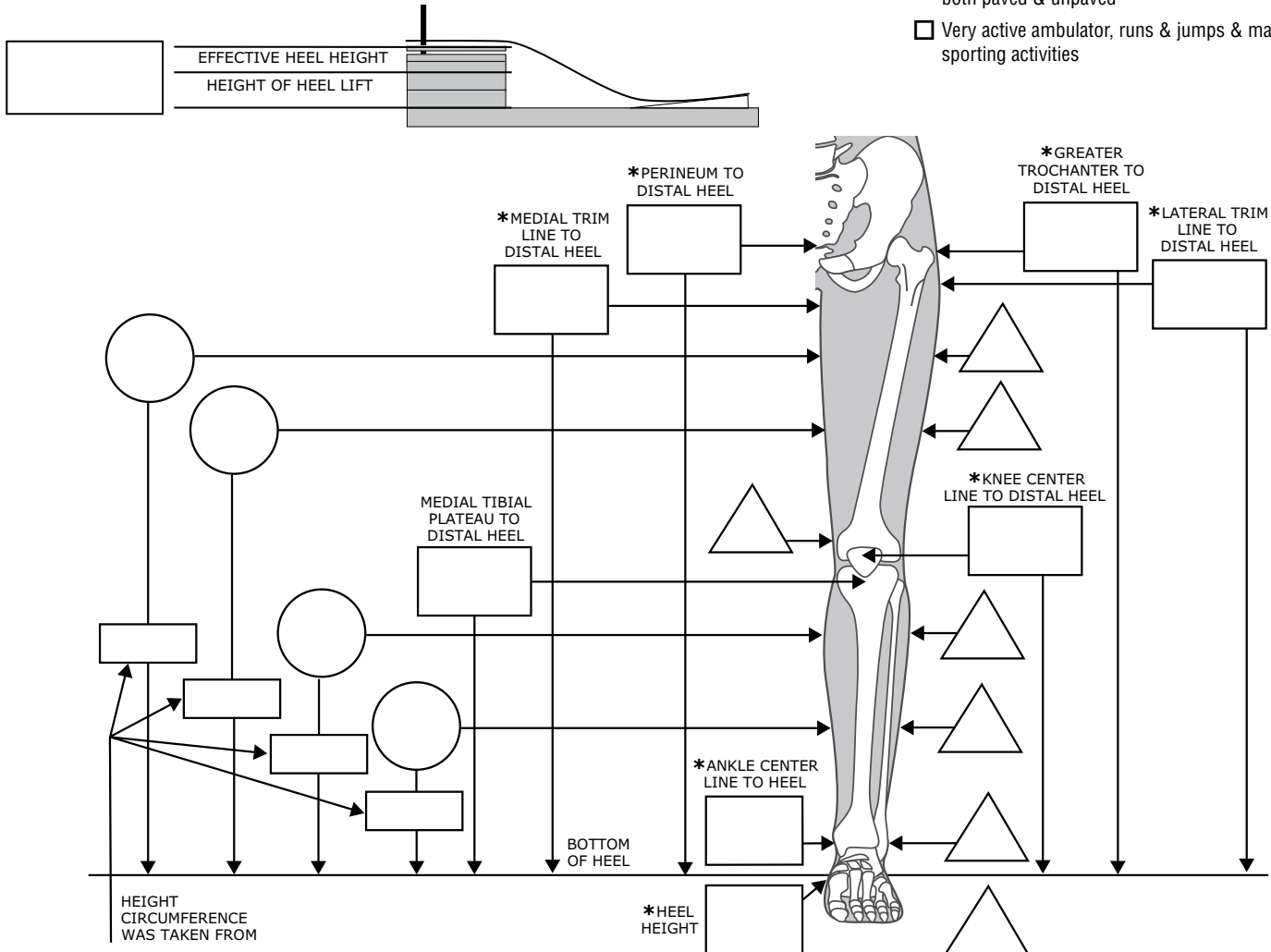
☐ Supine ☐ Semi Weight Bearing

FOOT EXTERNAL ROTATION

☐ 5° ☐ 7° ☐ Other _____°

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 ☐ 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](#).