Hanger FABRICATION NETWORK

3D ADDITIVE MANUFACTURING SOLID, SEMI-SOLID, PLS & ARTICULATED AFO MEASUREMENTS

WORK ORDER #:
(LAB USE ONLY)

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: _____

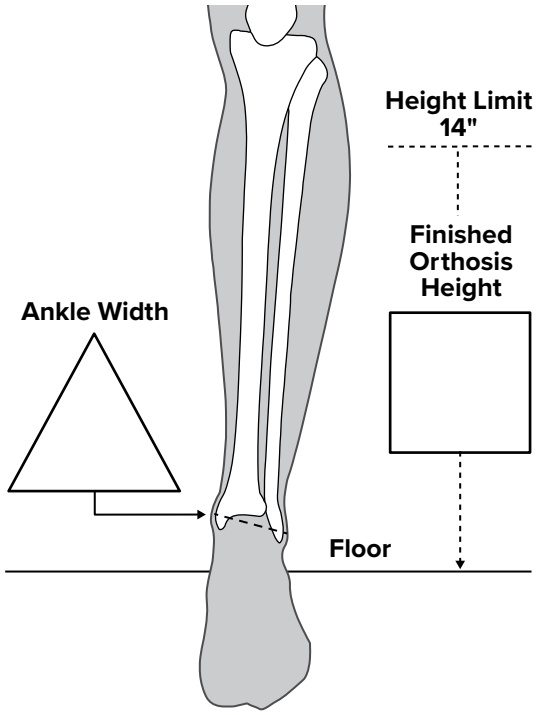
IN-OFFICE REQUEST DATE & TIME: _____

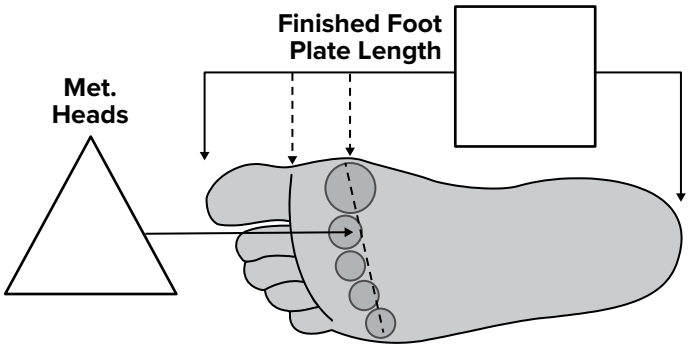
☐ PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

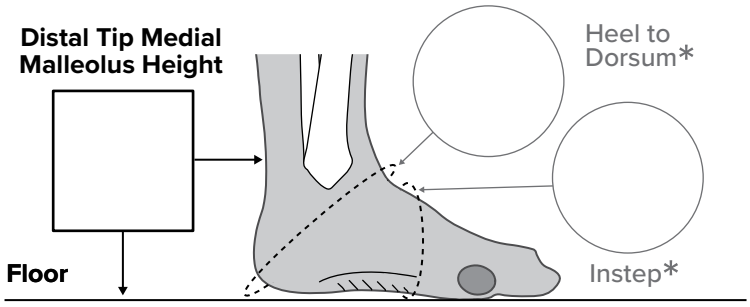
HFN: ☐ PHOENIX

If a Discrepancy Exists, Go By ☐ Impression ☐ Measurements **Units of Measure** ☐ Millimeters ☐ Inches

PATIENT MEASUREMENTS (REQUIRED)







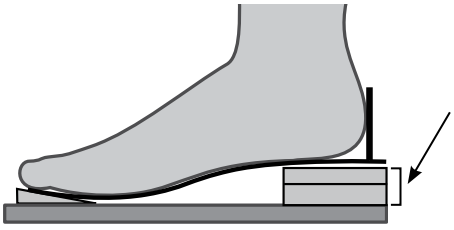
* Required Measurements for Circumferential or Dorsal Wrap Designs

☐ DIGITAL SCAN INPUT REQUIREMENTS

SCAN TYPE ☐ Split/Inside Cast ☐ Outside Cast (Preferred) → **MEASUREMENTS** Average Cast Thickness _____ mm
Positive Model: ☐ Unmodfied ☐ Modified ☐ Direct Patient Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

☐ ALIGNMENT CASTING BLOCK/TUNING (Optional)

Alignment Casting Block Used? ☐ Yes* ☐ No ***Best Practice: Casting block improves design accuracy and efficiency.***



Ankle Angle
☐ As Casted ☐ Correct to: _____°

Casted on:
Cast Block Height: _____ & Toe Ramp: _____

External Heel Wedge
☐ Attached ☐ Unattached
Shoe Heel Height = _____

Set Heel Wedge to:
☐ Calculate from Cast Block Setup
☐ Set to SVA of: _____°
☐ Other _____°

- **Calculated** = Casted Heel – Shoe Heel
- **SVA** = (Set AFO to SVA first) AFO Heel – Shoe Heel
- **Other** = Clinician Specified Amount

CLINICIAN: _____ **PATIENT ID/NAME:** _____

PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ MICROSOFT TEAMS _____

PATIENT PROFILE

Weight (lbs): ☐ -75 ☐ 76-125 ☐ 126-175 ☐ 176-225 ☐ 226-275

Activity Level: ☐ Low ☐ Medium ☐ High **Max weight level is 275**

DEVICE

3D AFO DESIGNS **Max height level is 14"**

☐ Solid Ankle (D1960) ☐ Semi-solid (D1960) ☐ PLS (D1960)

☐ Articulated with Stop (D1970) ☐ Articulated Free Motion (D1970)

Final 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 _____

Modifications ☐ Rigid (as is) ☐ **Flexible**

☐ **Standard** ☐ Tone Reduction ☐ ST Mod

☐ Intrinsic Heel Skive/Mod _____° ☐ Medial ☐ Lateral

Trimline Profile: ☐ Anatomical ☐ **Minimal** ☐ Full/Gutter

☐ Leg Only ☐ Ankle Only (Dorsal Web) ☐ Foot Only

☐ Additional Build Ups/Reductions (detail in notes section)

DESIGN OPTIONS

Ankle Joints: ☐ None ☐ Unfinished: Do NOT Articulate

Tamarack Optns: ☐ Neutral Dorsi Assist: ☐ 75-Mld ☐ 85-Mod ☐ 95-Strng

Posterior Stops ☐ **Plastic Block**

TRIMLINES

Midfoot

☐ **Standard** ☐ Mid ☐ Min

Forefoot

☐ **Standard** ☐ Ext. Lat ☐ Ext Med ☐ Other _____

Footplate

☐ Met ☐ Sulcus ☐ **Full**

Proximal Trim

☐ **Standard** ☐ Wing Trim

DESIGN OPTIONS (cont.)

Varus/Valgus Prevention

Right: ☐ Varus ☐ Valgus ☐ Pad Supramalleoar Extension

Left: ☐ Varus ☐ Valgus ☐ Pad Supramalleoar Extension

☐ Ext. Heel Post (F0040) _____° ☐ Med ☐ Lat ☐ **Plastic** ☐ Crepe

☐ Ext. Forefoot Post (F0040) _____° ☐ Med ☐ Lat ☐ Plastic ☐ **Crepe**

Proximal Flare ☐ Yes ☐ **No**

THERMOFORMING

Plastic Type

☐ **Polypropylene** (Black Only)

Thickness

☐ 3/32" ☐ 1/8" ☐ **5/32"** ☐ 3/16" ☐ 1/4" ☐ Other _____

PADDING (detail in notes section)

☐ Aliplast ☐ Plastazote ☐ Pelite/EVA ☐ Tri-Lam

Padding Insertion: ☐ Pre Plastic Pull ☐ **Post Plastic Pull***

Thickness

☐ 1/8" ☐ 3/16" ☐ 1/4"

*Post pull pads thicker than 1/8" are accommodated for in modification process

Location

☐ Full Device (F2840) ☐ Calf (F2820) ☐ Full Foot (F2860)

☐ Navicular (F2820) ☐ Horseshoe/Heel (F2820)

☐ Lateral Malleolus (F2820) ☐ Medial Malleolus (F2820)

FINISHING ☐ **Finished** ☐ Unfinished (send straps unattached)

Fastener

☐ **Speedy** ☐ Copper ☐ Chicago

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 (F0046) ☐ Dacron Back (F0046) ☐ Other _____

Strap Color

☐ Black ☐ **White** ☐ Pink ☐ Red ☐ Beige ☐ Green ☐ Purple ☐ Blue

Non-Skid Surface (F0036)

☐ Right ☐ Left ☐ Bilateral Glued: ☐ **Yes** ☐ No

NOTES

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the **Daily HFN Capacity Webpage**