

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: SYMMETRICAL YES NO

ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

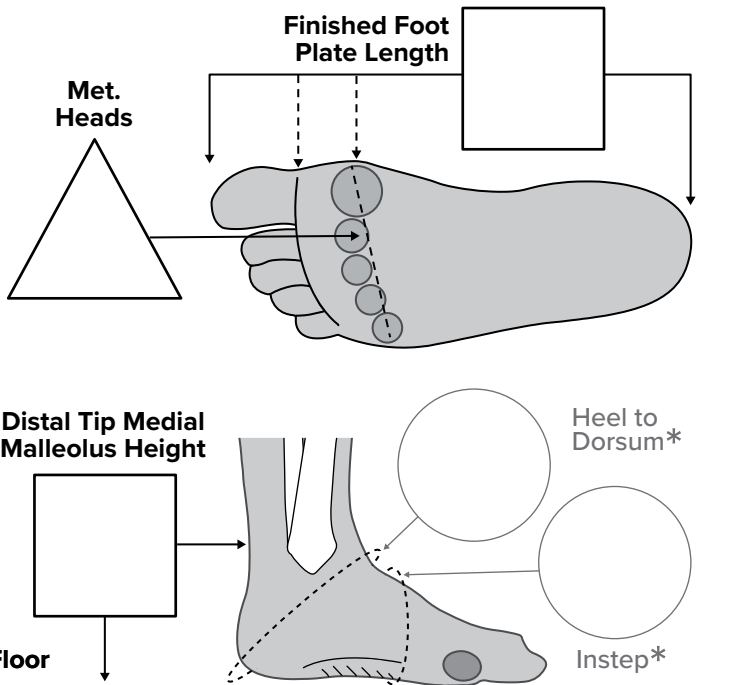
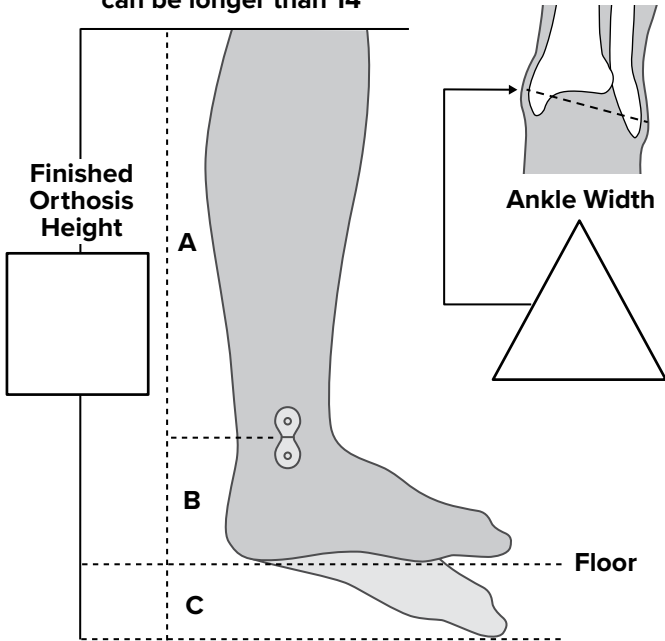
HFN: PHOENIX

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

PATIENT MEASUREMENTS (REQUIRED)

MAX HEIGHT LEVEL IS 13.5"

No single segment (A,B,C) can be longer than 14"



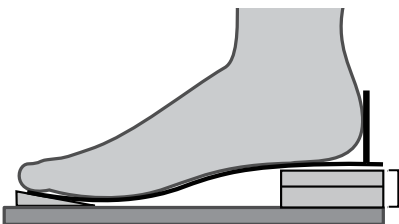
* Required Measurements for Circumferential or Dorsal Wrap Designs

DIGITAL SCAN INPUT REQUIREMENTS

SCAN TYPE: Split/Inside Cast Outside Cast (Preferred) **MEASUREMENTS:** Average Cast Thickness _____ mm
 Positive Model: Unmodified 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 13.5"**
 Solid Ankle (A1960) Semi-solid (A1960) PLS (A1960)
 Articulated with Stop (A1970) Articulated Free Motion (A1970)

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-Mid 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

NOTES _____

DESIGN OPTIONS (cont.)

Varus/Valgus Prevention
Right: Varus Valgus Pad Supramalleolar Extension
Left: Varus Valgus Pad Supramalleolar Extension
 Ext. Heel Post (F0040) _____ ° Med Lat Plastic Crepe
 Ext. Forefoot Post (F0040) _____ ° Med Lat Plastic Crepe
Proximal Flare: Yes No

ADDITIVE MFG (3D PRINT)

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-print Pad Accommodation Post-print*
Thickness * (no pad accommodation)
 1/8" 3/16" 1/4"
Location
 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

TURNAROUND TIMES