

**PCC #:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

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

**SHIP TO:**  SAME AS BILLING \_\_\_\_\_

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

**SHIPPING:**  GROUND (FXGD)  STANDARD 2 DAY (FX2D)  
 OVERNIGHT:  PRIORITY (FX1D)  1st OVERNIGHT (FX1A)  
 OTHER: \_\_\_\_\_

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

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

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

**AFFECTED SIDE (Check One):**  
 LEFT  RIGHT or  BILATERAL: SYMMETRICAL  YES  NO

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

**CELL #:** \_\_\_\_\_

**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)**

**GUIDANCE**

- Any brace with a flat toe plate will require shoe work to function
- Any brace without a contoured foot plate/toe ramp is prone to fail

**CAST EVALUATION**

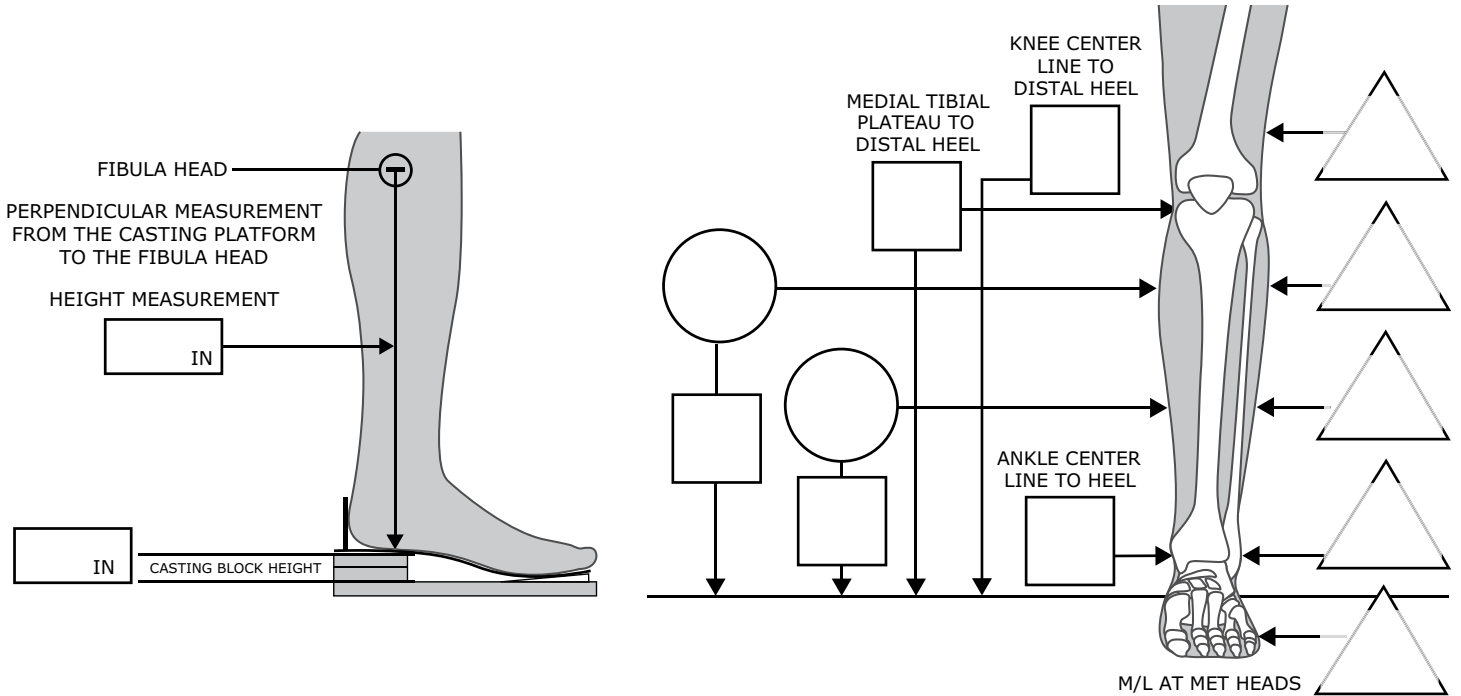
**Side**  
 Left  Right \_\_\_\_\_"  
 Leave as Cast

**Heel Height**  
 \_\_\_\_\_"  Correct \_\_\_\_\_"

**Rotation**  
 OK  Int  Ext \_\_\_\_\_°  Correct \_\_\_\_\_°  
 Leave as Cast

**Fore Foot**  
 OK  Inv  Evr \_\_\_\_\_"  Correct \_\_\_\_\_"

**Rocker**  
 OK  Flat  Contoured  Correct \_\_\_\_\_"  
 Leave as Cast



**SCAN INPUT REQUIREMENTS**

**SCAN TYPE**  Split/Inside Cast  Outside Cast (Preferred)  
 Positive Model:  Unmodified  Modified  Direct Patient

**MEASUREMENTS** Average Cast Thickness \_\_\_\_\_ mm  
 Outside Cast Forefoot ML \_\_\_\_\_ Outside Cast Ankle ML \_\_\_\_\_

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

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

## BRACE DESIGN/SPECIFICATIONS

### Activity Level

Low  Medium  High

### COMPOSITE STRUT OPTIONS

#### PDE Neuro

Spring Length:  200mm  250mm

Spring Firmness (Soft to Firm):  1  2  3  4  5

#### Coyote (Extra Soft to Extra Rigid)

CD207XS  CD207S  CD207M  CD207R  CD207XR

### 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 \_\_\_\_\_

## ANTERIOR SHELL (Black Plastic Type Polypropylene Only)

### Thickness

3/32"  1/8"  5/32"  3/16"  1/4"  Other \_\_\_\_\_

### PADDING (detail in notes section)

Aliplast  Plastazote  Pelite/EVA

### Padding Insertion

Pre Plastic Pull  Post Plastic Pull

### Thickness

1/8"  5/32"  3/16"  1/4"

## TRIMLINES

### Midfoot

Standard  Mid  Min  Dorsal Wrap

### Forefoot

Standard  Ext. Lat  Ext Med  Other \_\_\_\_\_

**Footplate:**  Full **Proximal Trim:**  Standard  Wing Trim

### Varus/Valgus Prevention

Right:  Varus  Valgus  Pad Supramalleolar Extension

Left:  Varus  Valgus  Pad Supramalleolar Extension

### NOTES

Ext. Heel Post (F0040) \_\_\_\_\_ °  Med  Lat  Plastic  Crepe

Ext. Forefoot Post (F0040) \_\_\_\_\_ °  Med  Lat  Plastic  Crepe

**Proximal Flare:**  Yes  No

## MATERIAL (Black Plastic Type Polypropylene Only)

Adult 3D Plastic AFO with Composite Strut (D1944)

### Thickness

3/32"  1/8"  5/32"  3/16"  1/4"  Other \_\_\_\_\_

### Reinforcement

Corrugation (F2600)  Compcore (F2600)  Other \_\_\_\_\_

## PADDING (detail in notes section)

Aliplast  Plastazote  Pelite/EVA  Tri-Lam

### Padding Insertion

Pre Plastic Pull  Post Plastic Pull\*

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

### Thickness

1/8"  5/32"  3/16"  1/4"

### Location

Full Device (F2840)  Full Foot (F2860)  Navicular (F2820)

Lateral Malleolus (F2820)  Medial Malleolus (F2820)

## FINISHING

Finished  Unfinished (send straps unattached)

### 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

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