

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: _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One)

LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

ENCOUNTER #: _____

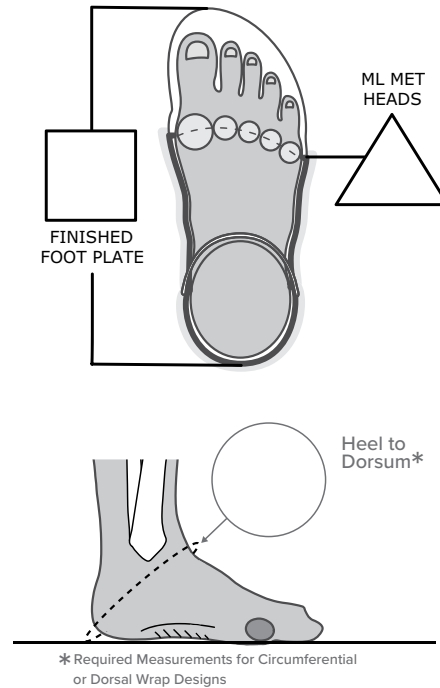
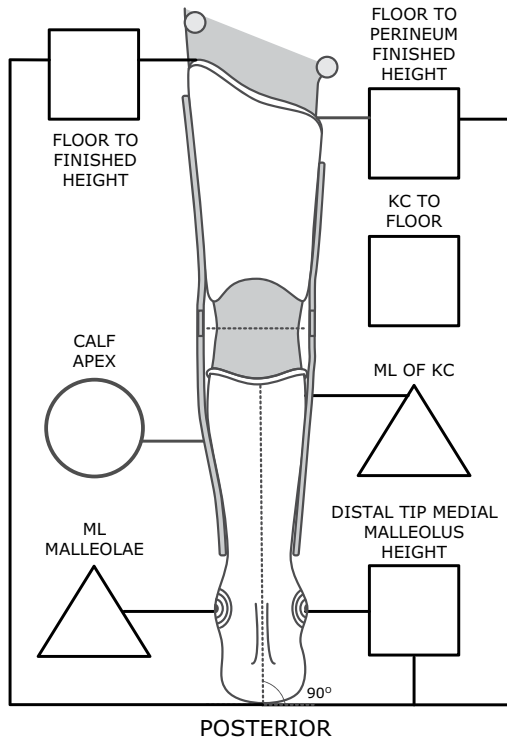
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL HOUSTON KANSAS OTHER _____

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

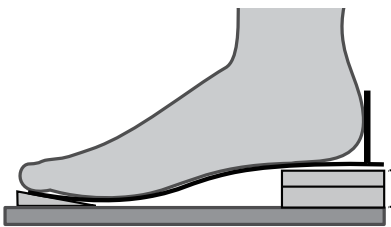
PATIENT MEASUREMENTS (REQUIRED)



* Required Measurements for Circumferential or Dorsal Wrap Designs

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

DIGITAL 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: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

DEVICE

Modifications

- Standard Tone Reduction ST Mod
 Intrinsic Heel Mod _____° Medial Lateral
 Additional Build Ups/Reductions
Heel Height: None Other _____

Corrected Ankle Position

- Neutral As Is 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 _____

Corrected Knee Position

- Sagittal: Neutral As Is Other _____
Coronal: Neutral As Is Other _____

DESIGN

Ankle Joints

- Camber Axis DAAJ Free Motion Gaffney
 Gillette Klenzak Oklahoma
Tamarack Opts: Neutral Dorsi Assist: 75-Mld 85-Mod 95-Strng
 Other _____

Posterior Stops

- Free Motion Motion Control Limiter (755)
 Motion Control Limiter (795) Pas Elite 100

Knee Joints

- Double Upright Single Upright: Medial Lateral
 Single Axis Polycentric Posterior Offset
 Drop Lock Drop Lock Retainers Bail Lock
 Lever release Trigger Release
 Dial Lock Spring Lever Lock Cam Lock
 Step Lock Ratchet Lock Lerman

Material

Bar Size

- AL SS TI 3/16 x 5/8 3/16 x 3/4 Other: _____

Finish Options

- Growth Extensions Polished Bar
 Tibial Torsion Spreader Bar _____° Vent Holes

TRIMLINES

- Brim: NSNA Quad IC Other: _____
 Proximal Thigh Flare Distal Thigh Flare
 Thigh Tongue Material: LDPE Foam Other: _____
Shank: Calf Tongue Material: LDPE Foam Other: _____
 Proximal Calf Flare
 Pretibial Shell Blounts Varum Ext Valgum Ext
Footplate: Met Sulcus Full Other _____
Forefoot: Ext. Lat Ext Med Dorsal Wrap UCB Insert

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

THERMOFORMING

Plastic Type

- Polypropylene Copolymer Modified Polyethylene

Thickness

- 1/8" 5/32" 3/16" 1/4" Other _____

Finish Options

- Growth Extensions Polished Bar
 Tibial Torsion Spreader Bar _____° Vent Holes

Bar Location

- Bars Outside Plastic Bars Under Plastic

TRANSFER (F0053)/PLASTIC COLOR

Option 1 _____ Option 2 _____

Reinforcement

- Corrugation (F2600) Compcore (F0051) Other _____

PADDING

- Full Liner Aliplast Plastazote Pelite/EVA Tri-Lam
 Other _____

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 (F2850) Full Foot (F2860) Navicular (F2820)
 Lateral Malleolus (F2820) Medial Malleolus (F2820)
 Other _____

INNER BOOT (F1915) *Provide Heel-Dorsum°

Material

- Polyethylene EVA/Foam Other _____

Thickness

- 3/32" 1/8" 5/32" Other _____

FINISHING Finished Unfinished (send straps unattached)

Straps

- Fig 8 Instep Chafe Medial Chafe Lateral
 1" 2" 4 Buckle 5 Buckle Patella PTB
 T Strap POS Check Strap Other _____

Strap Material Velcro Only

- Leather Back (F0046) Dacron Back (F0046) Other _____

Strap Color White

- Black Pink Red Beige Green Purple Blue

Non-Skid Surface (F0036)

- Right Left Bilateral Glued

TURNAROUND TIMES

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

CLINICIAN: _____ PATIENT ID/NAME: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTES _____

TURNAROUND TIMES