

This is not the work order. **DO NOT SUBMIT THIS SHEET.** After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.



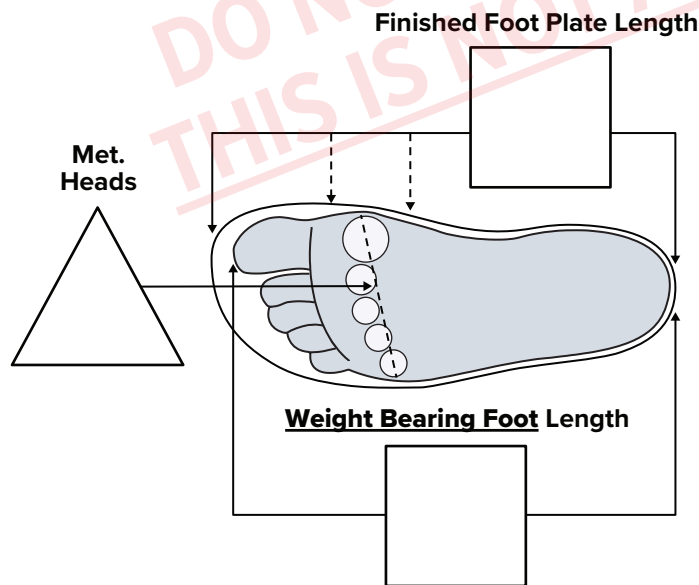
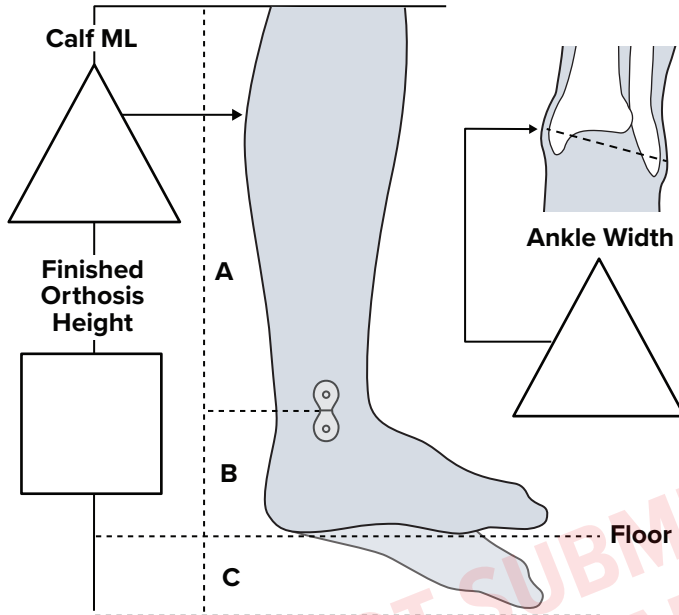
PATIENT ID: (first initial) _____ (last name) _____

MEASUREMENTS

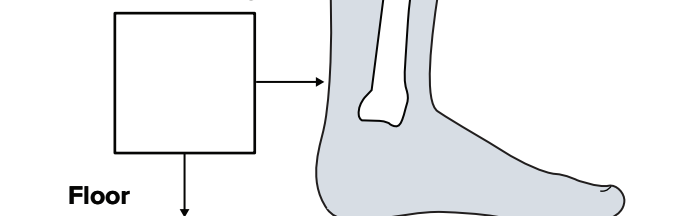
NOTES

MAX HEIGHT LEVEL IS 13.5"

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



Distal Tip Medial Malleolus Height



Cast Left

Forefoot ML:

Ankle ML:

Thickness:

Cast Right

Forefoot ML:

Ankle ML:

Thickness: