PATIENT ID: (first initial)

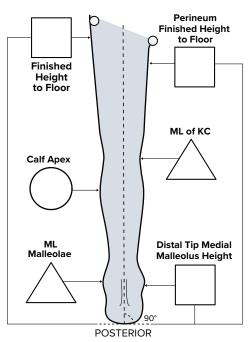
DATE:

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.

\_\_\_\_\_ (last name) \_

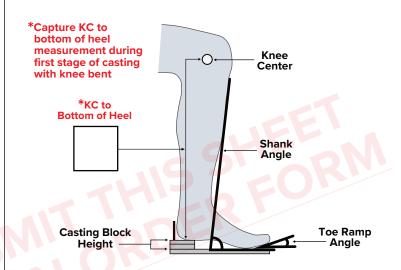


## **MEASUREMENTS**



An Accurate Foot Length is Critical. A Weight Bearing Crush Box Impression of the Foot Must Accompany Cast Finished Foot Plate Length

## **NOTES**



## **ALIGNMENT CASTING BLOCK INFO**

Maximum Knee Extension Angle:

**Ankle Angle** 

Required ankle angle: \_\_\_\_\_\_°

**Casting Block** 

Casting block height: \_\_\_\_\_

**Shank Angle** 

Required shank angle: \_\_\_\_ °

Toe Ramp Angle

Required toe ramp angle: \_\_\_\_\_o

## NOTE: if an HKAFO/RGO is required please cast prone hips at 90° and complete ALL measurements.

Fill out all 9 measurements boxes. They are needed even when you are sending a cast. If you need a custom design or expert advice, please let us know.

Important: Measurements 1-7 are crucial for a good fit.

