

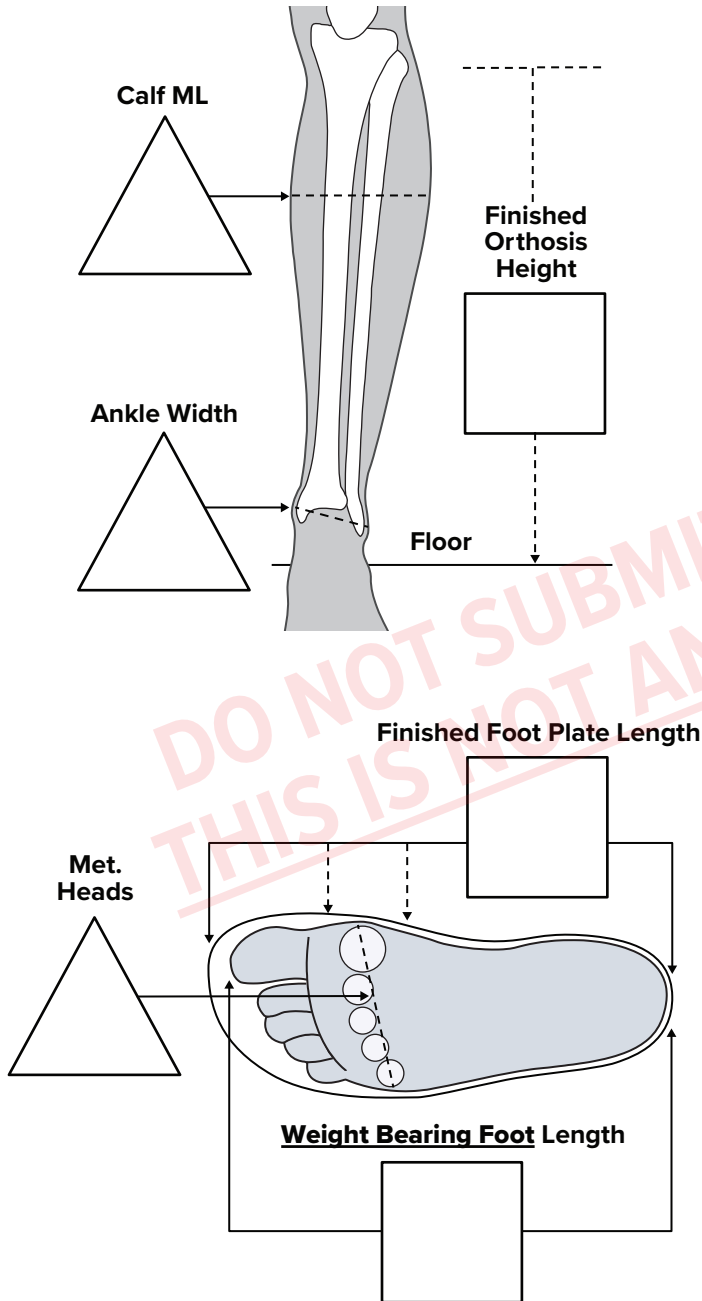
This is not the work order. DO NOT SUBMIT THIS SHEET. After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.



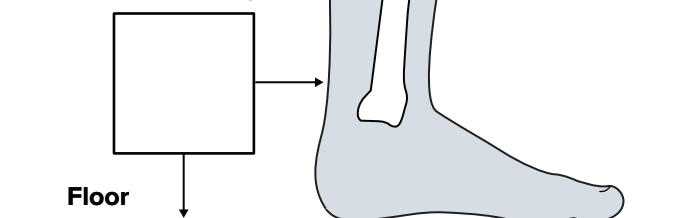
PATIENT ID: (first initial) _____ (last name) _____

MEASUREMENTS

NOTES



Distal Tip Medial Malleolus Height



Cast Left

Forefoot ML:

Ankle ML:

Thickness:

Cast Right

Forefoot ML:

Ankle ML:

Thickness: