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. PATIENT ID: (first initial) (last name) \_ **MEASUREMENTS NOTES** Calf **Orthosis** Height THIS SHEET ROER FORN **Ankle Width** Floor Foot Plate Length Met. Heads Weight Bearing Foot Length Heel to Dorsum\* **Distal Tip Medial** Malleolus Height Instep\* **Floor** 

\* Required Measurements for Circumferential or Dorsal Wrap Designs