

	4. Forefoot M/L	(Occupation:
The second s	5. Finished Foot Length 6. Ankle Height.		Activities:
Additions/Accomodations:	7. Height of Brace		
Additional Plastizote Footbed*			BILL TO
□ Other:		1	Company:
* Additional Charges Apply. Please call for pricing.			Account No:
			Contact Name:
SPECIAL INSTRUCTIONS:	1. Mid-Calf M/L	1	Email:
SPECIAL INSTRUCTIONS.	\bigcirc		Purchase Order:
	()		
	2. Mid Calf Circumference		SHIP TO (if different than billing address)
		Height of Brace	Company:
	$ \wedge$		Name:
	6. Ankle He	eight /	Address:
	3. Ankle M/L	·· (City/State/Zip:
	4. Forefoot M/L		Tel:Fax:
		Length	
		M/L with Caliper	SHIP METHOD
	5. Finished Foot Trim	Circumference [🗌 Next Day* 🗌 2-Day 🗌 3-Day 🗌 Ground
		1	

CAST CORRECTION

ODD Dorsiflexion

Hindfoot Subtalar Alignment

Ankle Alignment

Do not correct

Do not correct

900

Neutral

CAST SPECIFICATIONS

Important Note: It is absolutely necessary that the cast be taken with the foot and ankle at 90° to avoid any additional lab cast correction charges. Additional charges and delays may result if cast correction is necessary.

For best results, cast patient during the morning hours, semiweight bearing and frontal plane neutral, avoiding excessive pronation/supination. This is an accommodative cast if deformities are present.

In Partnership with



9561 Satellite Blvd., Suite 350	Orlando, FL 32837	P (407) 852-6170	HFN_support@hanger.com
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ghockey@spsco.com, 407-852-6170 ext.1685

QUESTIONS: contact Gary Hockey,

□ Plantar-flexion

Forefoot Alignment

Do not correct

Neutral

Other

Please ship cast and completed order form to:

Upon request SureFit offers a casting sock.

Hanger Fabrication Network

HÈN_support@hanger.com

Please specify the desired size:

Please specify the desired type of sock:

Mid-Calf Bermuda (Full-Calf)

Orlando, FL 32837

MD LG XL

P (407) 852-6170

F (866) 855-1486

9561 Satellite Boulevard, Suite 350