



# PARTIAL HAND 3D AMPUSHIELD

**WORK ORDER #:**  
(LAB USE ONLY)

**PCC #:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIP TO:**  SAME AS BILLING \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIPPING:**  GROUND (FXGD)  STANDARD 2 DAY (FX2D)

**OVERNIGHT:**  PRIORITY (FX1D)  1st OVERNIGHT (FX1A)

OTHER: \_\_\_\_\_

**CLINICIAN:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

MALE  FEMALE

LEFT  RIGHT  BILATERAL

**OPS INVOICE/NG ENCOUNTER:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

**HFN:**  CROMWELL

## DESIGN INPUT

BODY DOUBLE OR P386 (GRAY) IMPRESSION MATERIAL

SCAN | EMAIL TO [HFN\\_PARTIALHAND@HANGER.COM](mailto:HFN_PARTIALHAND@HANGER.COM)

## CLINICAL PROFILE

**FINGERS**  LEFT  RIGHT  BILATERAL

FULL DIGIT(S):  2/IDX  3/MID  4/RG  5/PKY

PRTL DIGIT(S):  2/IDX  3/MID  4/RG  5/PKY

THUMB

## EMAIL OR SHIP PROJECT & DETAILS TO:

[HFN\\_PARTIALHAND@HANGER.COM](mailto:HFN_PARTIALHAND@HANGER.COM)

HANGER FABRICATION NETWORK  
ATTN: SILICONE INTERFACING DIVISION  
10-E COUNTY LINE DRIVE  
CROMWELL, CT 06416

## DESIGN OPTION

THREADED ATTACHMENT

### STANDARD

1/2" - 20 (MAIN MOUNTING)

1/4" - 20 (LOCKING NUT)

## CONTACT INFORMATION:

PH 860.667.5376 | EMAIL: [HFN\\_PartialHand@Hanger.com](mailto:HFN_PartialHand@Hanger.com)

## NOTES

## TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).