

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: _____

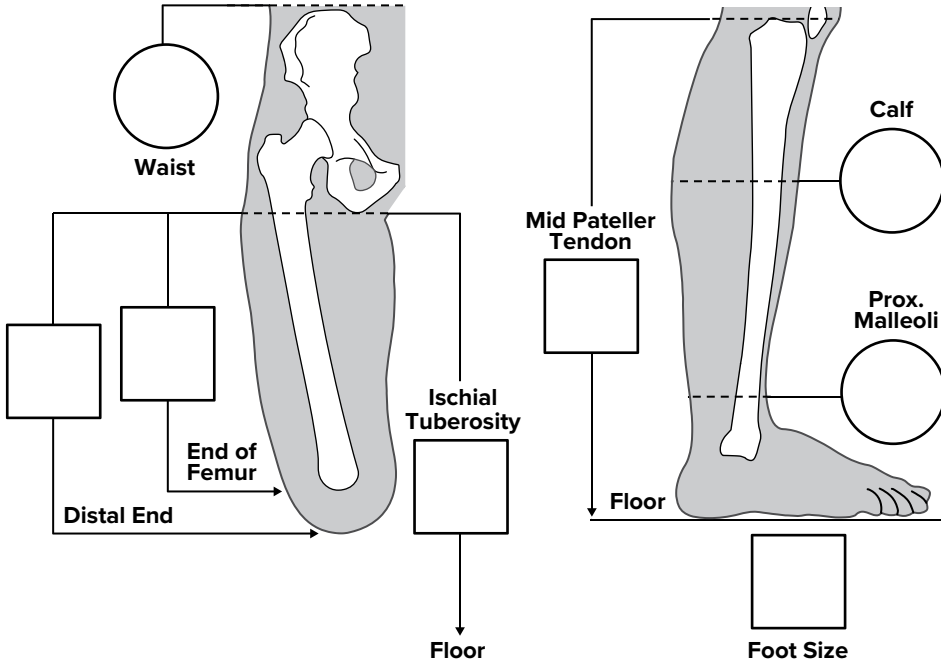
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENT REQUIREMENTS



Activity Level K1 K2 K3 K4
RESIDUAL LIMB CIRCUMFERENCES

Skin Liner Thickness

MPT _____	1" _____	2" _____
3" _____	4" _____	5" _____
6" _____	7" _____	8" _____
9" _____	10" _____	11" _____

Liner - Type: _____ **Size:** _____

Sleeve - Type: _____ **Size:** _____

Measured with Distraction Yes No

Tissue Type Soft Medium Firm

ISCHIAL LEVEL MEASUREMENTS

Skeletal ML _____ Soft ML _____

Medial AP _____ Lateral AP _____

COVER MEASUREMENTS (Contralateral Limb)

AP _____ ML _____ PML _____

NOTES

SCAN INPUT REQUIREMENTS

SCAN TYPE Split/Inside Cast Outside Cast (Preferred) **MEASUREMENTS** Average Cast Thickness _____ mm
 Positive Model: Unmodified Modified Direct Patient
 Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DESIGN

- Submitted Model** Check Socket (Needs Modification Prior to Finishing)
 Check Socket (Complete and Ready for Finishing)
 Flexible Inner Socket with Temporary Frame
 Modified Cast Laminated Socket (Ready for Finishing)

Procedures

- Transfer
- Neutralize Components (Except For Distal AP)
- Provide an Additional Check Socket
- Flexible Inner Socket
- Other _____

More Procedures

- Temporary Frame
- First Lamination
- Complete Lamination
- Re-use Existing Components
- Cover and Finishing
- Other _____

SOCKET

Check Socket Plastic

- Vivak (PETG) Thermolyn (Polystyrene) Blister
- Copolymer N/A Drape
- Other _____

Vacuum Forming Method

Check Socket Plastic Thickness

- 1/8" 3/16"
- 1/4" 3/8"
- 1/2" Other _____

Flexible Inner Plastic

- MPE Northvane Northvane Black Blister
- Proflex Proflex w/Silicone N/A Drape
- Other _____

Vacuum Forming Method

Flexible Inner Plastic Thickness

- 1/8" 3/16"
- 1/4" 3/8"
- 1/2" Other _____

Posterior Dacron Strip

- Yes
- No

INSERT

Custom Insert Material

- Bocklite
- Pelite
- N/A
- Other _____

Add Ons

- Stove Pipe
- Pull Straps
- N/A
- Other _____

End Pad Material

- Plastazote
- Aliplast
- N/A
- Other _____

SUSPENSION

Shuttle Lock

- Cylindrical 4 Hole
- Original Fillauer
- Coyote
- Clutch Lock
- N/A
- Other _____

Suction Valve

- Green Dot
- Lyn Valve
- Lyn Slide
- N/A
- Other _____

Elevated Vacuum

- Unity Valve
- 90° Barb
- N/A
- Other _____

Lanyard

- Pull Strap
- Kiss Puck (4-Hole)
- Kiss Puck (non 4-Hole)
- Nylon Tension Buckle
- Metal Cam Buckle
- Metal Rod Distally
- Other _____

Suspension

- Silesian Belt
- Pelvic Belt
- Hip Joint
- Other _____

COMPONENTS

Support Structure

- Endoskeletal
- Exoskeletal
- N/A

Componentry

- Temporary
- Definitive
- N/A

Component Material

- Aluminum
- Stainless Steel
- Titanium
- N/A

Pylon Diameter

- 34 mm
- 30 mm
- 22 mm
- N/A

Knee Type

Foot Type

Other Components

Attachment Shape

- Male
- Female
- N/A

Attachment Rotation

- Fixed
- Rotating
- N/A

FINISHING

Resin

- Polyester
- Epoxy
- Acrylic
- N/A
- Other _____

Ultralight Weight Design

- Yes
- No

Lamination Color

Ottobock (1-18) _____ Prosthetic Research Specialists (1-18) _____

Kingsley _____

Frame Options

- Anterior Window Posterior Window with Proximal Dacron Strip
- Trimmed 1 cm Below Flexible Socket's Proximal Trim
- Socket Left Solid - Practitioner Will Frame Out
- Flexible Socket Left Long - Practitioner Will Trim
- Flexible Socket Rolled Over Frame Proximally
- Flexible Socket Trimmed to Trimplines
- Other _____

SETUP/ALIGNMENT

Cover

- Bock Soft
- Bock Firm
- Ohio Willow Wood (OWW)
- N/A
- Other _____

Fairing

- Laminated Shell
- Polyethylene Shell
- Stockinette Reinforcement
- N/A
- Other _____

Cover Process

- Rough Shape (25 mm/1" Over Measurements)
- Shape to Measurements
- Shape to Scan
- Other _____

Cover Finish

- Apply Nylons
- Apply Flexible Outer Covering
- Adhere & Trim Flexible Outer Covering
- Other _____

TURNAROUND TIMES