

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

Inner Socket		Socket Lamination	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> Flexible socket 	<input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket	<ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at shoulder jt. 2 finishing layers Corrugated 	<input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final
Forearm Lamination		Humeral Lamination	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> Forearm provided by manufacturer 	<input type="checkbox"/> Laminated, 6 layers Nyglass <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Custom lamination over forearm supplied by vendor <input type="checkbox"/> Printed material as final	<ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at humeral turntable 2 finishing layers Battery box/charge port 	<input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final <input type="checkbox"/> Oval hole in posterior for E-Series elbows <input type="checkbox"/> Battery located in forearm
Shoulder Alignment		Harness*	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> As marked on socket or follow test socket 	Move Shoulder: <input type="checkbox"/> Flex or <input type="checkbox"/> Ext _____ ° <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____ ° <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/> " <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/> " <input type="checkbox"/> Internal or <input type="checkbox"/> External rotate _____ °	<ul style="list-style-type: none"> Chest strap (clinician to provide fabrication instructions) 	<input type="checkbox"/> Fig. 8 with large NW ring <input type="checkbox"/> Change NW ring size: _____ <input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> TRS neoprene on axilla loop <input type="checkbox"/> Plastic covering on axilla loop <input type="checkbox"/> No harness requested <input type="checkbox"/> Add Fig. 9 for control
Cabling*		Elbow	
STANDARD	OPTIONS	OPTIONS	
<ul style="list-style-type: none"> Spectra with Teflon Hanger attached TRS ferrule in housing Plastic covering over housing Leather lift assist or directly to forearm (OB) 	<input type="checkbox"/> Hosmer metal ferrule <input type="checkbox"/> HD Steel cable <input type="checkbox"/> Standard cable w/Teflon <input type="checkbox"/> Standard cable w/o Teflon <input type="checkbox"/> No covering over housing <input type="checkbox"/> Hanger NOT attached <input type="checkbox"/> No cabling requested <input type="checkbox"/> Change lift assist to: _____	<input type="checkbox"/> Lamination over elbow ball to match forearm	<input type="checkbox"/> Lift assist for E Series <input type="checkbox"/> AFB for non-Ergo arm

Detail any other changes from the Standards listed above: _____

TURNAROUND TIMES