

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

LEFT  RIGHT TERMINAL DEVICE: \_\_\_\_\_

WRIST UNIT: \_\_\_\_\_ ELBOW UNIT: \_\_\_\_\_

SHOULDER: \_\_\_\_\_ LAMINATION/GLOVE COLOR: \_\_\_\_\_

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

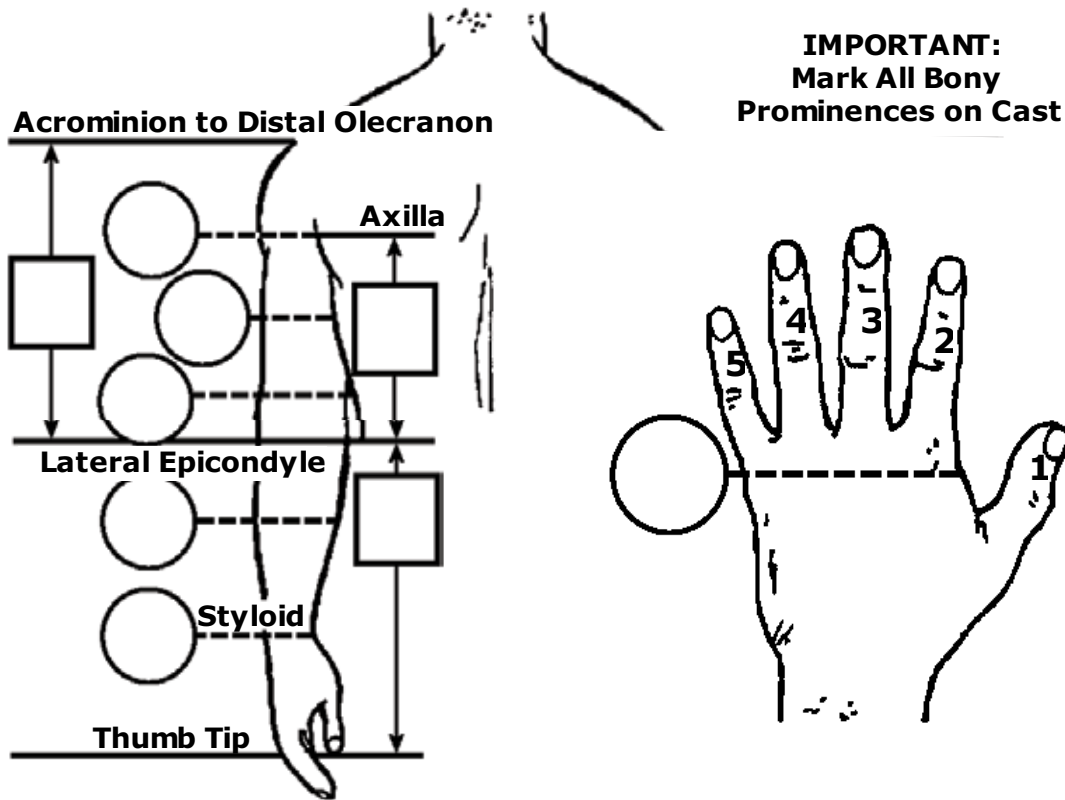
MEASUREMENT DATE: \_\_\_\_\_

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

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

HFN:  ANAHEIM  KANSAS  ORLANDO  PHOENIX

**PATIENT MEASUREMENTS** Please complete all necessary measurements:



NOTES

Empty box for patient notes.

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

**PREFERRED METHOD OF CONTACT**  CELL  TEXT  EMAIL  NG MOBILE \_\_\_\_\_

Socket		Humeral Lamination	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> <li>• Flexible socket</li> <li>• Valve at distal end</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laminated (4 Nyglass &amp; Dacron inner) &amp; removable</li> <li><input type="checkbox"/> Lamination as part of humeral section</li> <li><input type="checkbox"/> Custom silicone socket</li> <li><input type="checkbox"/> Lamination over socket</li> <li><input type="checkbox"/> No valve</li> <li><input type="checkbox"/> Pull tube</li> </ul>	<ul style="list-style-type: none"> <li>• Laminated, 6 layers Nyglass</li> <li>• Carbon tape at humeral turntable</li> <li>• 2 finishing layers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)</li> <li><input type="checkbox"/> Carbon tape throughout</li> <li><input type="checkbox"/> Printed material as final</li> <li><input type="checkbox"/> Oval hole in posterior for E-Series elbows</li> </ul>
Forearm Lamination		Alignment	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> <li>• Forearm provided by manufacturer</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laminated, 6 layers Nyglass</li> <li><input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)</li> <li><input type="checkbox"/> Carbon tape throughout</li> <li><input type="checkbox"/> Custom lamination over forearm supplied by vendor</li> <li><input type="checkbox"/> Printed material as final</li> </ul>	<ul style="list-style-type: none"> <li>• As marked on socket or follow test socket</li> <li>• If not marked or no test socket, then elbow at perpendicular to socket</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Elbow <input type="checkbox"/> Flex or <input type="checkbox"/> Ext at _____°</li> <li><input type="checkbox"/> Elbow <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____°</li> <li><input type="checkbox"/> Move elbow <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior: _____ <input type="checkbox"/> mm/<input type="checkbox"/>"</li> <li><input type="checkbox"/> Move elbow <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral: _____ <input type="checkbox"/> mm/<input type="checkbox"/>"</li> </ul>
Cabling		Harness	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> <li>• Spectra with Teflon</li> <li>• Ball terminal &amp; hanger attached</li> <li>• TRS ferrule in housing</li> <li>• Plastic covering over housing</li> <li>• Leather lift assist</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hosmer metal ferrule</li> <li><input type="checkbox"/> HD Steel cable</li> <li><input type="checkbox"/> Standard cable w/Teflon</li> <li><input type="checkbox"/> Standard cable w/o Teflon</li> <li><input type="checkbox"/> Hook to hand cable</li> <li><input type="checkbox"/> No covering over housing</li> <li><input type="checkbox"/> Hanger NOT attached</li> <li><input type="checkbox"/> No cabling requested</li> <li><input type="checkbox"/> Change lift assist to: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Fig. 8 with Large NW ring</li> <li>• Four-Bar buckles</li> <li>• Anterior elastic strap and 1/2" Dacron for elbow lock</li> <li>• Lateral support anterior to acromion</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dual NW ring</li> <li><input type="checkbox"/> BAHA</li> <li><input type="checkbox"/> Silicone axilla (Hosmer)</li> <li><input type="checkbox"/> Change NW ring size: _____</li> <li><input type="checkbox"/> Chest strap (clinician to provide fabrication instruction)</li> <li><input type="checkbox"/> TRS neoprene on axilla loop</li> <li><input type="checkbox"/> Plastic covering on axilla loop</li> <li><input type="checkbox"/> No harness requested</li> </ul>
Elbow			
OPTIONS			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Lamination over elbow ball to match forearm</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lift assist for E-Series</li> <li><input type="checkbox"/> AFB for non-Ergo arm</li> </ul>		

**Detail any other changes from the Standards listed above:** \_\_\_\_\_

**TURNAROUND TIMES**