

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: _____

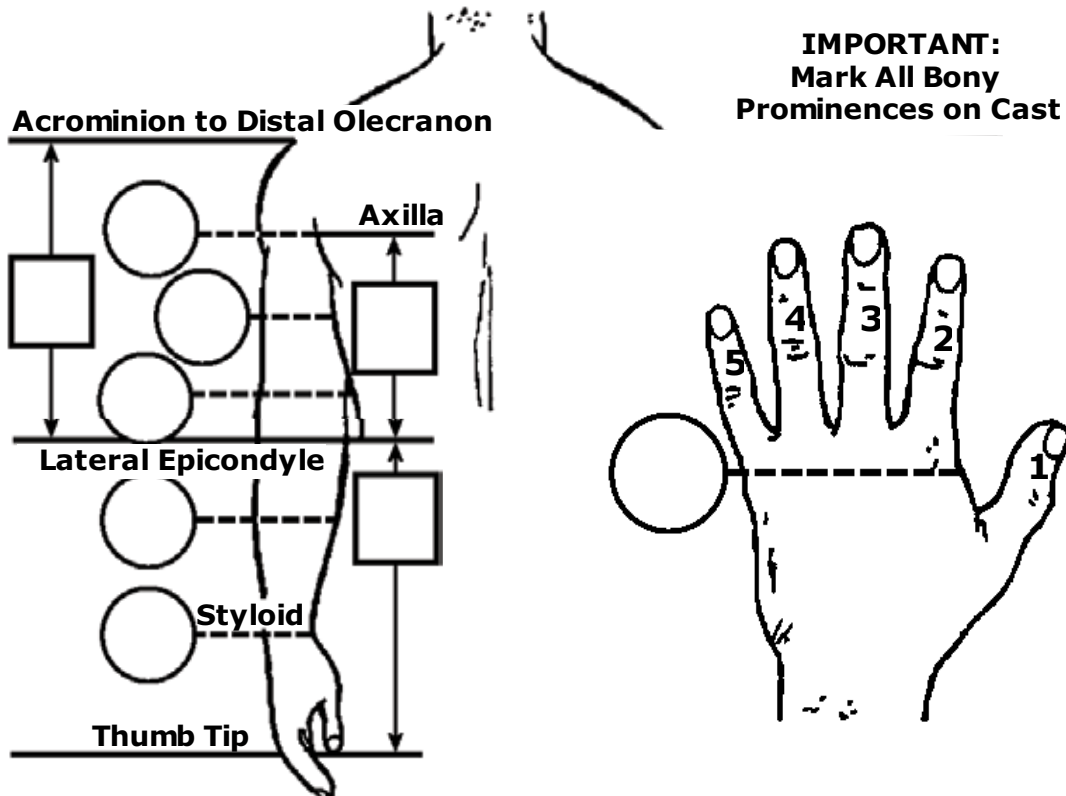
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: ANAHEIM KANSAS ORLANDO PHOENIX

NOTE TO CLINICIAN: It is strongly advised that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

PATIENT MEASUREMENTS Please complete all necessary measurements:



NOTES

Blank area for notes.

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"/> 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

Electronics

Control system: Otto Bock Motion Control Steeper Touch Bionics COAPT LTI Other: _____

Dual Site Single Site Rotator: OB Motion Control

Electrodes: OB Standard Silicone Apron Switch/Linear Pot (detail below): _____

Touch Sleeper _____

Motion Control Other _____

Detail any other changes from the Standards listed above: _____

TURNAROUND TIMES