

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: _____

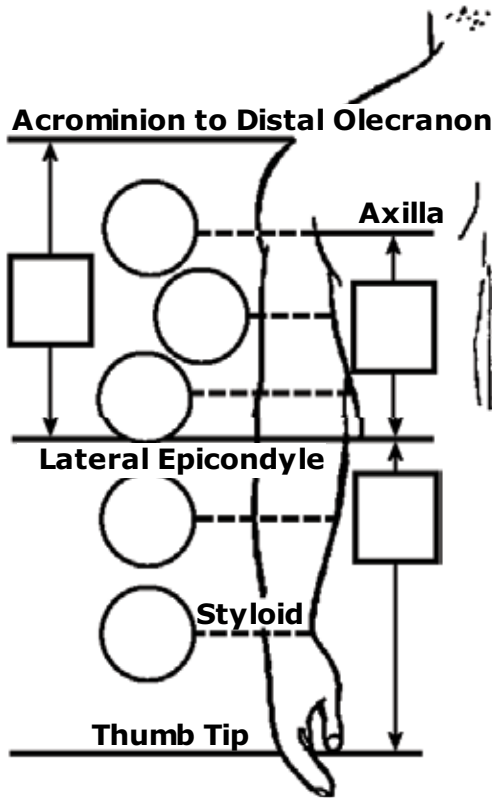
IN-OFFICE REQUEST DATE & TIME: _____

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

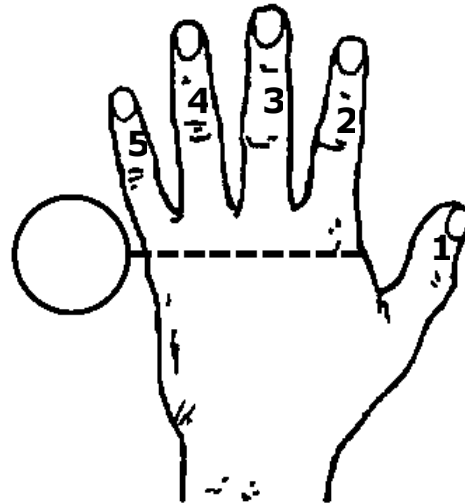
HFN: ANAHEIM KANSAS ORLANDO PHOENIX

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:



IMPORTANT:
Mark All Bony Prominences on Cast



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"> • Flexible socket • Valve at distal end 	<ul style="list-style-type: none"> <input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> No valve <input type="checkbox"/> Pull tube 	<ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at humeral turntable • 2 finishing layers • Battery box/charge port 	<ul style="list-style-type: none"> <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
Forearm Lamination		Alignment	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> • Forearm provided by manufacturer 	<ul style="list-style-type: none"> <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"> • As marked on socket or follow test socket • If not marked or no test socket, then elbow at perpendicular to socket 	<ul style="list-style-type: none"> <input type="checkbox"/> Elbow <input type="checkbox"/> Flex or <input type="checkbox"/> Ext at _____° <input type="checkbox"/> Elbow <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____° <input type="checkbox"/> Move elbow <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior: _____ <input type="checkbox"/> mm/<input type="checkbox"/>" <input type="checkbox"/> Move elbow <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral: _____ <input type="checkbox"/> mm/<input type="checkbox"/>"
Harness			
STANDARD	OPTIONS		
<ul style="list-style-type: none"> • Chest strap (clinician to provide fabrication instructions) 	<ul style="list-style-type: none"> <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: <input type="checkbox"/> Otto Bock <input type="checkbox"/> Motion Control <input type="checkbox"/> Steeper <input type="checkbox"/> Touch Bionics <input type="checkbox"/> COAPT <input type="checkbox"/> LTI <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Dual site <input type="checkbox"/> Single site		<input type="checkbox"/> Rotator: <input type="checkbox"/> OB <input type="checkbox"/> Motion Control	
<input type="checkbox"/> Electrodes:		<input type="checkbox"/> Switch/Linear Pot (detail below)	
<input type="checkbox"/> OB	<input type="checkbox"/> Standard	_____	
<input type="checkbox"/> Touch	<input type="checkbox"/> Steeper	_____	
<input type="checkbox"/> Motion Control	<input type="checkbox"/> Other	_____	

Detail any other changes from the Standards listed above: _____

TURNAROUND TIMES