

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

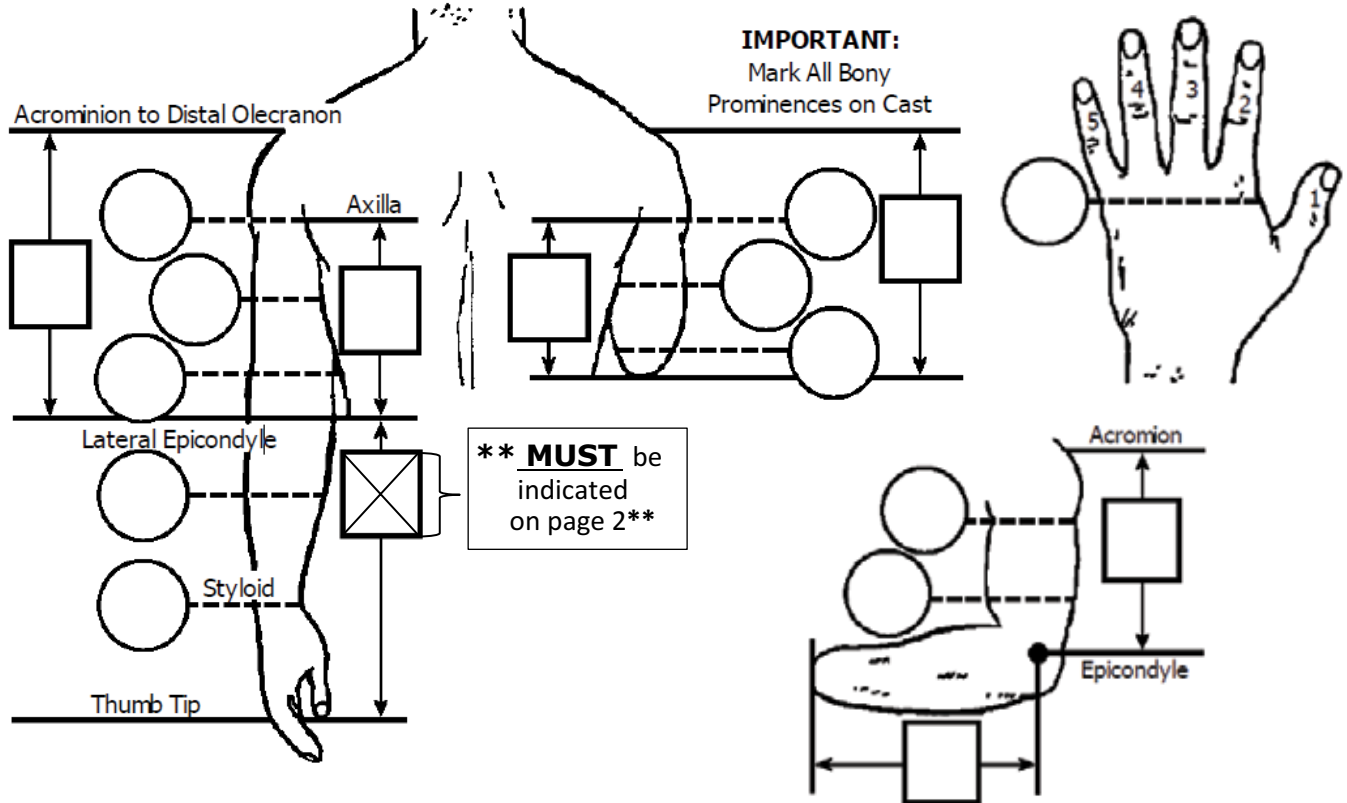
NOTE TO CLINICIAN: It is **strongly advised** that **ALL** external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

REQUIRED: Length measurement needed: _____ in/ mm

Measurement from: Lateral Epicondyle Olecranon Reference point drawn in socket

Measurement to: Thumb tip (hand closed, thumb in lateral/key grip-side of index finger) End of hook End of wrist

PATIENT MEASUREMENTS Please complete all necessary measurements:



NOTES

Blank area for notes.

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

SOCKET	FRAME LAMINATION
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<p>STANDARD</p> <ul style="list-style-type: none"> • Flexible socket • Pull tube (medial) <p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Custom silicone socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> Laminated & removable <input type="checkbox"/> Pull tube located: _____ <input type="checkbox"/> Growth layers of pediatric 	<p>STANDARD</p> <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at wrist • 2 finishing layers • Battery box/charger located medial • QD wrist <p>OPTIONS</p> <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"/> Wrist: <input type="checkbox"/> WD <input type="checkbox"/> Endo
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ALIGNMENT	LENGTH
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<p>STANDARD</p> <ul style="list-style-type: none"> • Wrist at midline • Wrist at perpendicular to forearm axis <p>OPTIONS (changes from test fit)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flex <input type="checkbox"/> Extend _____° <input type="checkbox"/> Radial <input type="checkbox"/> Ulnar Deviation _____° <input type="checkbox"/> Other: _____ 	<p><input type="checkbox"/> No changes needed to length</p> <p><input type="checkbox"/> Change length from test fitting by</p> <p style="padding-left: 40px;"><input type="checkbox"/> Lengthen <input type="checkbox"/> Shorten _____ <input type="checkbox"/> in/<input type="checkbox"/> mm</p> <p><i>(The difference between this and the measurement from the trial fit MUST equal the length measurement provided above!)</i></p>
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ELECTRONICS

<p>Control system: <input type="checkbox"/> Otto Bock <input type="checkbox"/> Motion Control <input type="checkbox"/> Steeper</p> <p><input type="checkbox"/> Dual Site <input type="checkbox"/> Single Site</p> <p><input type="checkbox"/> Electrodes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> OB <input type="checkbox"/> Steeper <input type="checkbox"/> Touch <input type="checkbox"/> Other <input type="checkbox"/> Motion Control <input type="checkbox"/> Standard <input type="checkbox"/> Silicone Apron <input type="checkbox"/> Remote Style <p><input type="checkbox"/> Switch/Linear Pot (detail below)</p>	<p><input type="checkbox"/> Touch Bionics <input type="checkbox"/> COAPT <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Rotator: <input type="checkbox"/> OB <input type="checkbox"/> Motion Control</p> <p><input type="checkbox"/> Int Battery <input type="checkbox"/> Ext Battery</p> <ul style="list-style-type: none"> <input type="checkbox"/> LTI <input type="checkbox"/> Motion Control <input type="checkbox"/> Other <input type="checkbox"/> OB <input type="checkbox"/> IBT <input type="checkbox"/> Touch <input type="checkbox"/> Steeper <p>Capacity: <input type="checkbox"/> Std <input type="checkbox"/> Small <input type="checkbox"/> Large</p>
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Detail any other changes from the Standards listed above: _____

TURNAROUND TIMES