Hanger FABRICATION NETWORK

Upper Limb Transhumeral Hybrid

WORK ORDER #:
(LAB USE ONLY)

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: _____

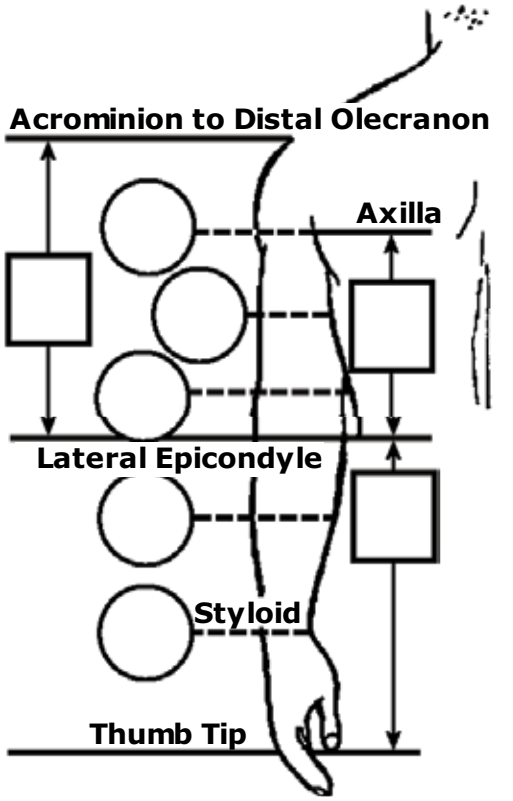
☐ PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: ☐ ANAHEIM ☐ KANSAS ☐ ORLANDO ☐ PHOENIX

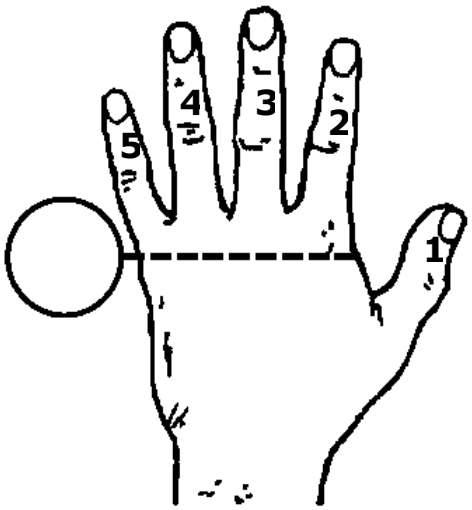
NOTE TO CLINICIAN: It is <u>strongly advised</u> that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

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

STANDARD	OPTIONS
• Flexible socket • Valve at distal end	☐ Laminated (4 Nyglass & Dacron inner) & removable ☐ Custom silicone socket ☐ Lamination over socket ☐ No valve ☐ Pull tube

Humeral Lamination

STANDARD	OPTIONS
• Laminated, 6 layers Nyglass • Carbon tape at humeral turntable • 2 finishing layers • Battery box/charge port	☐ Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) ☐ Carbon tape throughout ☐ Printed material as final ☐ Oval hole in posterior for E-Series elbows ☐ Battery located in forearm

Forearm Lamination

STANDARD	OPTIONS
• Forearm provided by manufacturer	☐ Laminated, 6 layers Nyglass ☐ Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) ☐ Carbon tape throughout ☐ Custom lamination over forearm supplied by vendor ☐ Printed material as final

Alignment

STANDARD	OPTIONS
• As marked on socket or follow test socket • If not marked or no test socket, then elbow at perpendicular to socket	☐ Elbow ☐ Flex or ☐ Ext at _____° ☐ Elbow ☐ AB or ☐ AD duct _____° ☐ Move elbow ☐ Anterior or ☐ Posterior:_____☐ mm/☐" ☐ Move elbow ☐ Medial or ☐ Lateral:_____☐ mm/☐"

Cabling

STANDARD	OPTIONS
• Spectra with Teflon • Hanger attached • TRS ferrule in housing • Plastic covering over housing • Leather lift assist or directly to forearm (OB)	☐ Hosmer metal ferrule ☐ HD Steel cable ☐ Standard cable w/Teflon ☐ Standard cable w/o Teflon ☐ No covering over housing ☐ Hanger NOT attached ☐ No cabling requested ☐ Change lift assist to:_____

Harness

STANDARD	OPTIONS
• Fig. 8 with Large NW ring • Four-Bar buckles • Anterior elastic strap and 1/2" Dacron for elbow lock • Lateral support anterior to acromion	☐ Dual NW ring ☐ BAHA ☐ Silicone axilla (Hosmer) ☐ Change NW ring size:____ ☐ Chest strap (clinician to provide fabrication instruction) ☐ TRS neoprene on axilla loop ☐ Plastic covering on axilla loop ☐ No harness requested

Elbow

OPTIONS	
☐ Lamination over elbow ball to match forearm	☐ Lift assist for E-Series ☐ AFB for non-Ergo arm

Electronics

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

☐ Dual Site ☐ Single Site

☐ Electrodes:

- ☐ OB ☐ Steeper
- ☐ Touch ☐ Other
- ☐ Motion Control
- ☐ Standard ☐ Silicone Apron

☐ Switch/Linear Pot (detail below)

☐ Rotator: ☐ OB ☐ Motion Control

☐ Int Battery ☐ Ext Battery

- ☐ LTI ☐ Motion Control ☐ Other
- ☐ OB ☐ IBT
- ☐ Touch ☐ Steeper

Capacity: ☐ Std ☐ Small ☐ Large

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the **Daily HFN Capacity Webpage**.