

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: _____
 DIAGNOSIS: _____ **AFFECTED SIDE (Check One):**
 LEFT RIGHT
 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 CROMWELL PHOENIX

OPPOSITIONAL BODY POWERED EXTERNAL POWERED

TYPE OF DEVICE: _____ **LAMINATION/GLOVE COLOR:** _____

Socket		Frame Lamination	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> Flexible socket 	<input type="checkbox"/> Custom silicone socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> Laminated & removable <input type="checkbox"/> Detailed in notes section	<ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at wrist 2 finishing layers 	<input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final
Alignment		Harness & Cabling (Body Powered Systems)	
STANDARD	OPTIONS (changes from test fit)	STANDARD	OPTIONS
<ul style="list-style-type: none"> Follow test socket 	<input type="checkbox"/> Detailed in notes section	<ul style="list-style-type: none"> Spectra with Teflon Wrist driven 	<input type="checkbox"/> Fig 9 Harness <input type="checkbox"/> No cabling requested <input type="checkbox"/> Detailed in notes section
Electronics (External Powered System)			
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"/> Other: _____			
<input type="checkbox"/> Dual Site <input type="checkbox"/> Single Site		<input type="checkbox"/> Switch/Linear Pot (detail below)	
<input type="checkbox"/> Electrodes:		<input type="checkbox"/> Int Battery <input type="checkbox"/> Ext Battery	
<input type="checkbox"/> OB <input type="checkbox"/> Steeper		<input type="checkbox"/> LTI <input type="checkbox"/> Motion Control <input type="checkbox"/> Other	
<input type="checkbox"/> Touch <input type="checkbox"/> Other		<input type="checkbox"/> OB <input type="checkbox"/> IBT	
<input type="checkbox"/> Motion Control		<input type="checkbox"/> Touch <input type="checkbox"/> Steeper	
<input type="checkbox"/> Standard <input type="checkbox"/> Silicone Apron <input type="checkbox"/> Remote Style		Capacity: <input type="checkbox"/> Std <input type="checkbox"/> Small <input type="checkbox"/> Large	

NOTES

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).