

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: _____

DOB: _____ **AGE:** _____

BIRTH: FULL-TERM PREMATURE **WEEKS:** _____

NG ENCOUNTER #: _____

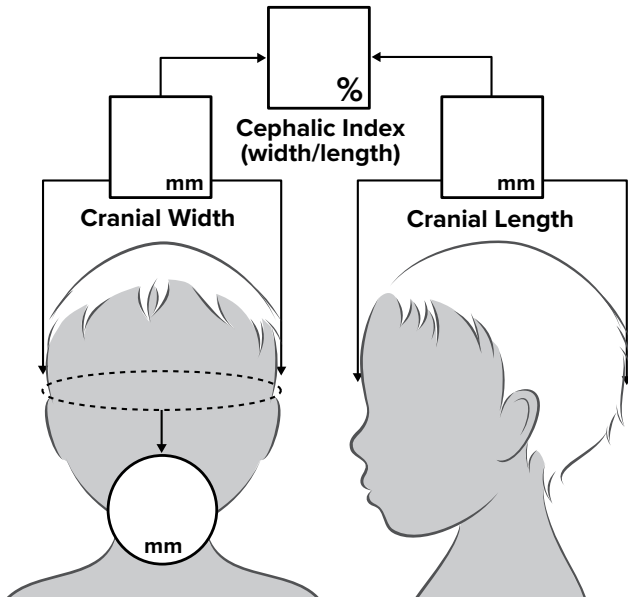
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

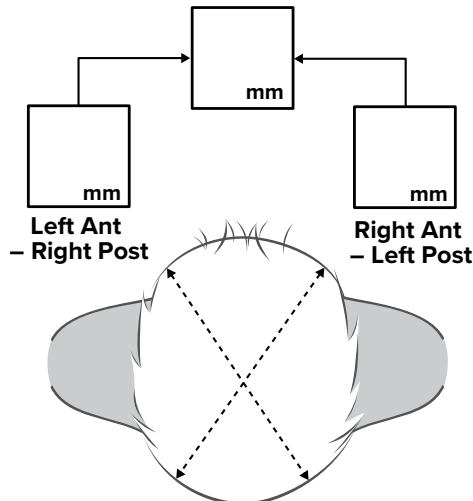
PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: PHOENIX

MEASUREMENTS (REQUIRED)



Cranial Vault Asymmetry (Difference of L and R)



****Cranial Vault Measurements are to be taken at 30 degrees off midline****

DESIGN

DIAGNOSIS: ORTHOSIS STYLE

- Deformational Plagiocephaly
FDA cleared design: copolymer shell with plastazote liner
- Surlyn Craniosynostotic Orthoses
 - Option: Fishmouth Closure

MATERIAL

- Outer Shell*
- Natural Copolymer
 - Colored Copolymer **Color:** _____
- Transfer Paper (please indicate desired pattern)
- _____
- _____

PLACEMENT OF OPENING

- Left Lateral
- Right Lateral

MODIFICATIONS

- (If no modification style is indicated, standard modification will be provided)
- Standard (up to 2cm of full symmetry)
 - Relative to CDC Growth Chart predictors
 - Other (please specify)
- _____
- _____
- _____
- _____

TURNAROUND TIMES

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