

CUSTOM TRANSTIBIAL AMPUSHIELD

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:
BILL TO:	CELL #:
ADDRESS:	PATIENT ID:
	HEIGHT: WEIGHT: AGE:
SHIP TO: SAME AS BILLING	☐ MALE ☐ FEMALE ☐ BILATERAL
ADDRESS:	NG ENCOUNTER #:
	MEASUREMENT DATE:
SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D) OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A) ☐ OTHER:	IN-OFFICE REQUEST DATE & TIME:
Click here to email form > HFN_Arizona@Hange	r.com CUSTOMER SERVICE PHONE: 480-894-1755
MEASUREMENTS TAKEN IN CM IN DEVICE TYPE AmpuShield w/Semi-Rigid Frame ** Soft Protector W/Posterior 1/8' Kydex stay Rigid PE Protector Unlined, top 1/8' Pelite padding Add Flared Top Lined with 1/4' Aliplast Add Flared Top DISTAL END PAD* Ships w/additional 1" adjustment pad Standard (1") Other IN ADDITIONAL ITEMS Extra End Pad Set VARIATION Ventilate Knee Flexion Ventilate Knee Flexion Flexion angles greater than 20 degrees requires a rigid protector with step locks. Device will be designed neutral and can be adjusted at fitting. Varus Valgus Left Right Left Right Varus Valgus -8" -10"	*IMPORTANT: Provide trim length from MPT. **Must be a minimum of 8" for Semi-Rigid Frame. Fabrication will adjust distal length to accommodate for end pad. MPT to Finished Length ** Left Right MPT to Distal End Left Right