

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: \_\_\_\_\_

MALE  FEMALE

LEFT  RIGHT  BILATERAL

NG ENCOUNTER #: \_\_\_\_\_

MEASUREMENT DATE: \_\_\_\_\_

IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

Click here to email form > [HFN\\_Arizona@Hanger.com](mailto:HFN_Arizona@Hanger.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**

|      |       |
|------|-------|
|      |       |
| Left | Right |

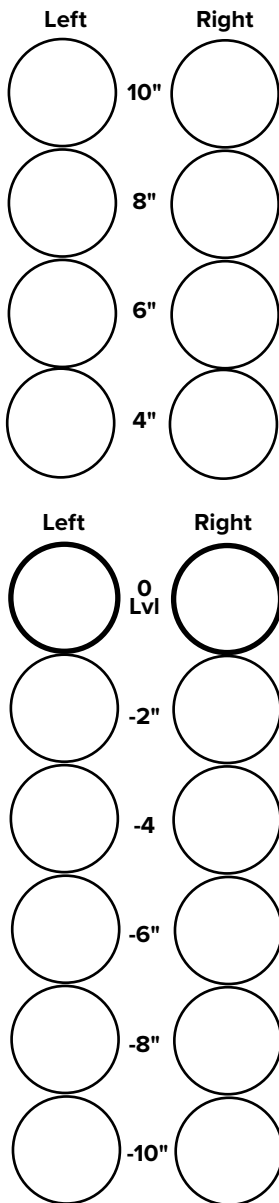
• Flexion angles greater than 20 degrees requires a rigid protector with step locks. Device will be designed neutral and can be adjusted at fitting.

**Varus**

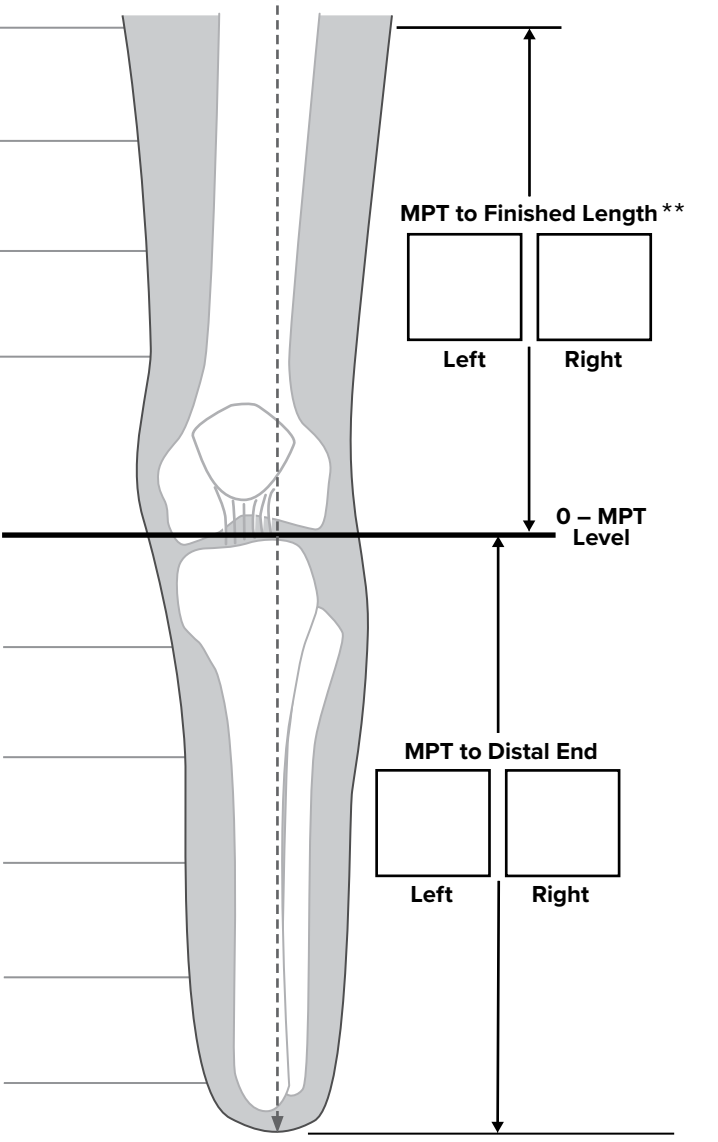
|      |       |
|------|-------|
|      |       |
| Left | Right |

**Valgus**

|      |       |
|------|-------|
|      |       |
| Left | Right |



**\*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.



**TURNAROUND TIMES**

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