



**PARTIAL HAND
3D AMPUSHIELD**
HFN PHOENIX ONLY

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:** _____

MALE FEMALE
 LEFT RIGHT BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

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

DESIGN INPUT

- BODY DOUBLE OR P386 (GRAY) IMPRESSION MATERIAL
- SCAN | EMAIL TO HFN_PARTIALHAND@HANGER.COM

CLINICAL PROFILE

FINGERS LEFT RIGHT BILATERAL

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

EMAIL OR SHIP PROJECT & DETAILS TO:
HFN_PARTIALHAND@HANGER.COM

HFN PHOENIX
302 E UNIVERSITY DR, STE 301
PHOENIX, AZ 85004
P 480.894.1755

DESIGN OPTION

THREADED ATTACHMENT

STANDARD

1/2" - 20 (MAIN MOUNTING)
1/4" - 20 (LOCKING NUT)

NOTES

TURNAROUND TIMES