

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

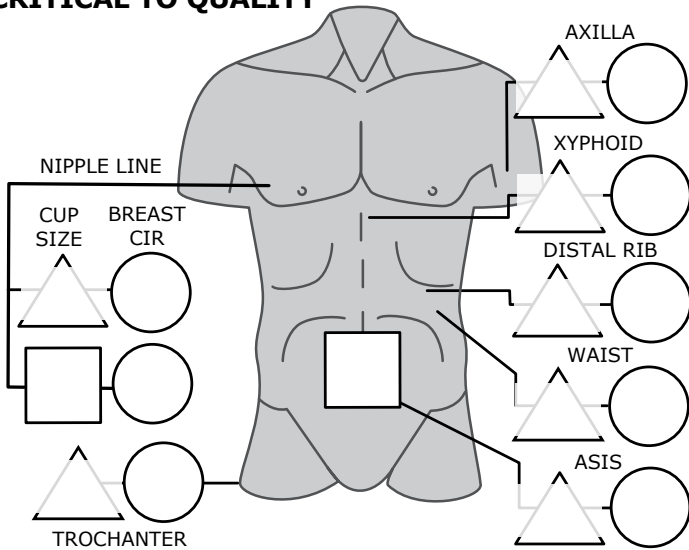
IN-OFFICE REQUEST DATE & TIME: _____

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

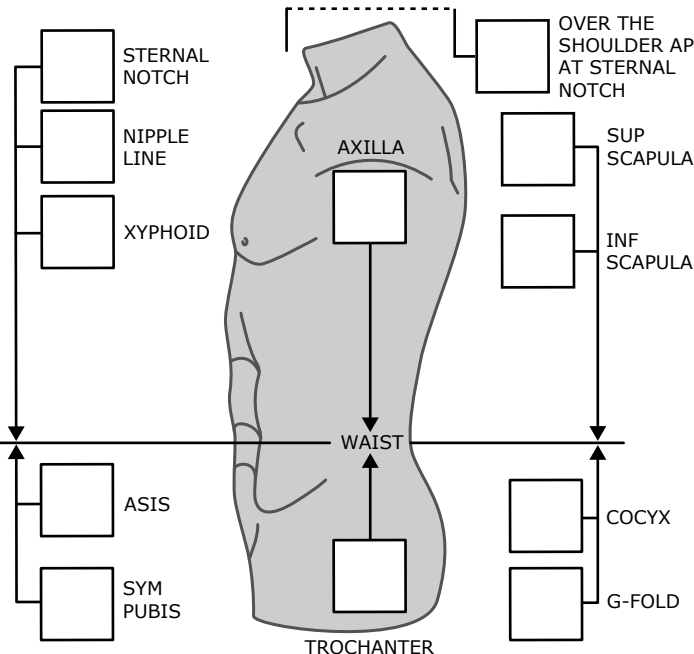
HFN: HOUSTON PHOENIX _____

MEASUREMENTS (REQUIRED)

CRITICAL TO QUALITY



ALL HEIGHT MEASUREMENTS TO BE TAKEN IN SUPINE



DESIGN

- 3D Standard (formerly Boston Style) Asymmetrical/Goss Style
- 3D Extreme (formerly Boston Extreme) Providence Style
- Day Pro Nocturnal Pro

Nocturnal Bending Brace (**Use NBB form**)

MEASUREMENT/INPUT [XRAY REQUIRED]

- Supine Standing / Scan Cast

CURVE TYPE APEX & MAGNITUDE

- R L Thoracic _____ Apex _____ Mag _____
- R L Lumbar _____ Apex _____ Mag _____

MODIFICATIONS

- Lordosis 0° 10° 15° 20° _____°
- Correction Min Standard Aggressive
- ABD Relief N/A SM MD LG
- Other Relief _____

FINISH Transfer None Design _____

- Unfinished Unlined
- Vent Holes Gusset
- PE Tongue Troch Extension
- Pad Kit Shoulder Strap
- Compliance Monitor Anterior Opening
- Outrigger Other _____

NOTES

TURNAROUND TIMES

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