

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:** _____

LEFT RIGHT **TERMINAL DEVICE:** _____

WRIST UNIT: _____ **ELBOW UNIT:** _____

SHOULDER: _____ **LAMINATION/GLOVE COLOR:** _____

NG ENCOUNTER #: _____

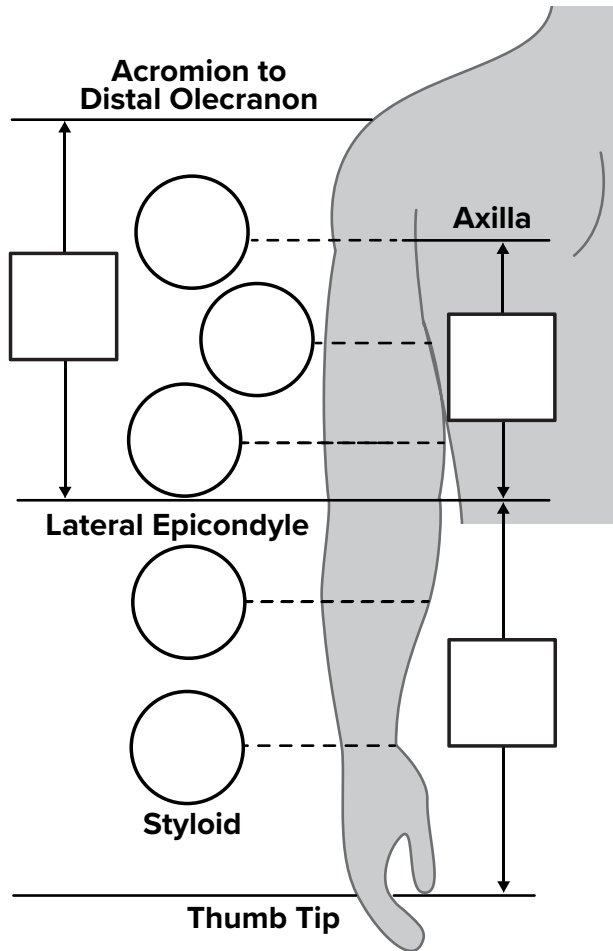
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

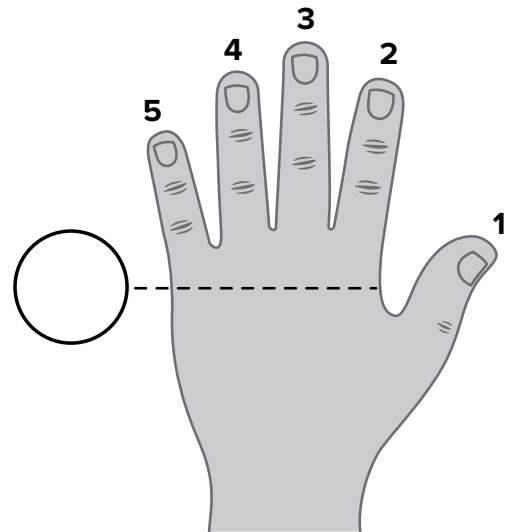
PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: ANAHEIM KANSAS ORLANDO PHOENIX

PATIENT MEASUREMENTS Please complete all necessary measurements:



IMPORTANT:
Mark All Bony Prominences on Cast



NOTES

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

INNER SOCKET

- | | |
|---|--|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Flexible socket | <input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket |

SOCKET LAMINATION

- | | |
|--|---|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at shoulder jt. • 2 finishing layers • Corrugated | <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final |

FOREARM LAMINATION

- | | |
|--|---|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Forearm provided by manufacturer | <input type="checkbox"/> Laminated, 6 layers Nyglass <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Custom lamination over forearm supplied by vendor <input type="checkbox"/> Printed material as final |

HUMERAL LAMINATION

- | | |
|--|---|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at humeral turntable • 2 finishing layers • Battery box/charge port | <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final <input type="checkbox"/> Oval hole in posterior for E-Series elbows <input type="checkbox"/> Battery located in forearm |

SHOULDER ALIGNMENT

- | | |
|---|--|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • As marked on socket or follow test socket | Move Shoulder: <input type="checkbox"/> Flex or <input type="checkbox"/> Ext _____° <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____° <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/> " <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/> " <input type="checkbox"/> Internal or <input type="checkbox"/> External rotate _____° |

HARNESS*

- | | |
|---|--|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Chest strap (clinician to provide fabrication instructions) | <input type="checkbox"/> Fig. 8 with large NW ring <input type="checkbox"/> Change NW ring size: _____ <input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> TRS neoprene on axilla loop <input type="checkbox"/> Plastic covering on axilla loop <input type="checkbox"/> No harness requested <input type="checkbox"/> Add Fig. 9 for control |

CABLING*

- | | |
|--|---|
| STANDARD | OPTIONS |
| <ul style="list-style-type: none"> • Spectra with Teflon • Hanger attached • TRS ferrule in housing • Plastic covering over housing • Leather lift assist or directly to forearm (OB) | <input type="checkbox"/> Hosmer metal ferrule <input type="checkbox"/> HD Steel cable <input type="checkbox"/> Standard cable w/Teflon <input type="checkbox"/> Standard cable w/o Teflon <input type="checkbox"/> No covering over housing <input type="checkbox"/> Hanger NOT attached <input type="checkbox"/> No cabling requested <input type="checkbox"/> Change lift assist to: _____ |

ELBOW

- | |
|--|
| OPTIONS |
| <input type="checkbox"/> Lamination over elbow ball to match forearm <input type="checkbox"/> Lift assist for E Series <input type="checkbox"/> AFB for non-Ergo arm |

***Detail Harness and Cabling needs and operation of device in notes section below.**

Detail any other changes from the Standards listed above: _____

TURNAROUND TIMES

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