

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 #: _____

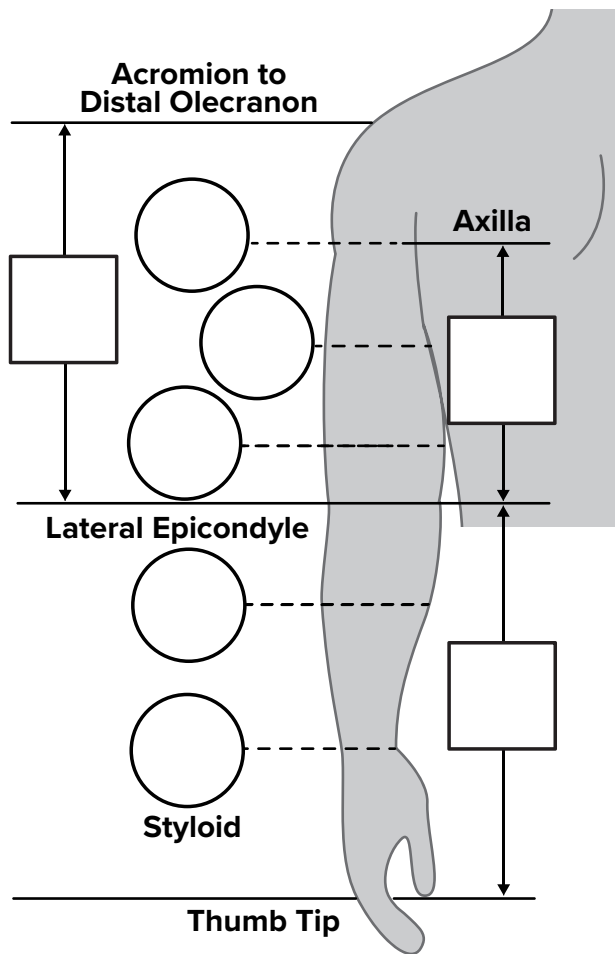
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

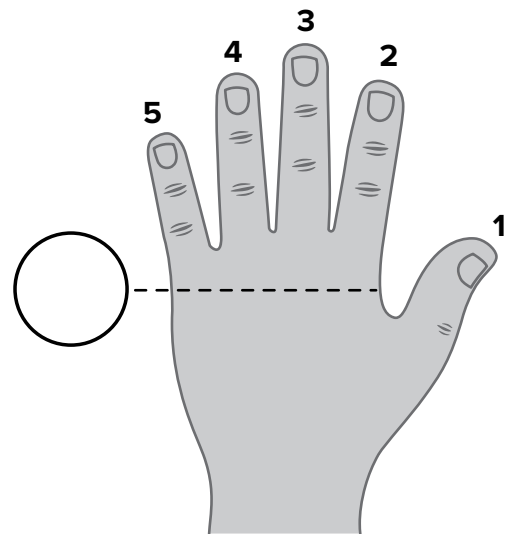
PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

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

SOCKET LAMINATION	
<p>STANDARD</p> <ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at shoulder jt. 2 finishing layers Corrugated 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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	
<p>STANDARD</p> <ul style="list-style-type: none"> Forearm provided by manufacturer 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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	
<p>STANDARD</p> <ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at humeral turntable 2 finishing layers Battery box/charge port 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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	
<p>STANDARD</p> <ul style="list-style-type: none"> As marked on socket or follow test socket 	<p>OPTIONS</p> <p>Move Shoulder:</p> <ul style="list-style-type: none"> <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*	
<p>STANDARD</p> <ul style="list-style-type: none"> Chest strap (clinician to provide fabrication instructions) 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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*	
<p>STANDARD</p> <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) 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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	
<p>STANDARD</p> <ul style="list-style-type: none"> Lamination over elbow ball to match forearm 	<p>OPTIONS</p> <ul style="list-style-type: none"> <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 on Page 1.**

ELECTRONICS	
<p>Control system: <input type="checkbox"/> Otto Bock <input type="checkbox"/> Motion Control <input type="checkbox"/> Steeper <input type="checkbox"/> Touch Bionics <input type="checkbox"/> COAPT <input type="checkbox"/> LTI <input type="checkbox"/> Other: _____</p>	
<p><input type="checkbox"/> Dual Site <input type="checkbox"/> Single Site</p>	<p><input type="checkbox"/> Rotator: <input type="checkbox"/> OB <input type="checkbox"/> Motion Control</p>
<p><input type="checkbox"/> Electrodes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> OB <input type="checkbox"/> Steeper <input type="checkbox"/> Touch <input type="checkbox"/> Other <input type="checkbox"/> Motion Control <input type="checkbox"/> Standard <input type="checkbox"/> Silicone Apron 	<p><input type="checkbox"/> Int Battery <input type="checkbox"/> Ext Battery</p> <ul style="list-style-type: none"> <input type="checkbox"/> LTI <input type="checkbox"/> Motion Control <input type="checkbox"/> Other <input type="checkbox"/> OB <input type="checkbox"/> IBT <input type="checkbox"/> Touch <input type="checkbox"/> Steeper
<p><input type="checkbox"/> Switch/Linear Pot (detail on Page 1)</p>	<p>Capacity: <input type="checkbox"/> Std <input type="checkbox"/> Small <input type="checkbox"/> Large</p>

TURNAROUND TIMES

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