

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 #: _____ EMAIL: _____

PATIENT ID: _____

LEFT RIGHT TERMINAL DEVICE: _____

WRIST UNIT: _____ ELBOW UNIT: _____

LAM./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 DESIGN OPTIONS COMPONENTS TO BE ORDERED BY: PCC HFN

SOCKET

STANDARD

- Flexible socket
- Valve at distal end

OPTIONS

- Laminated (4 Nyglass & Dacron inner) & removable
- Custom silicone socket (complete separate work order)
- Lamination over socket
- No valve
- Pull tube

HUMERAL LAMINATION

STANDARD

- Laminated, 6 layers Nyglass
- Carbon tape at humeral turntable
- 2 finishing layers
- Battery box/charge port

OPTIONS

- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Carbon at trimlines
- Printed material as final
- Oval hole in posterior for E-Series elbows
- Battery located in forearm

FOREARM LAMINATION

STANDARD

- Forearm provided by manufacturer

OPTIONS

- Laminated, 6 layers Nyglass
- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Custom lamination over forearm supplied by vendor
- Printed material as final

ALIGNMENT

STANDARD

- As marked on socket or follow test socket
- If not marked or no test socket, then elbow at perpendicular to socket

OPTIONS

- Elbow Flex or Ext at _____°
- Elbow AB or AD duct _____°
- Move elbow Anterior or Posterior: _____ mm/"
- Move elbow Medial or Lateral: _____ mm/"

HARNESS*

STANDARD

- Chest strap (clinician to provide fabrication instructions)

OPTIONS

- Fig. 8 with large NW ring
- Change NW ring size: _____
- Dual NW ring
- BAHA
- Silicone axilla (Hosmer)
- TRS neoprene on axilla loop
- Plastic covering on axilla loop
- No harness requested

***Detail Harness needs and operation of device in notes section on the next page.**

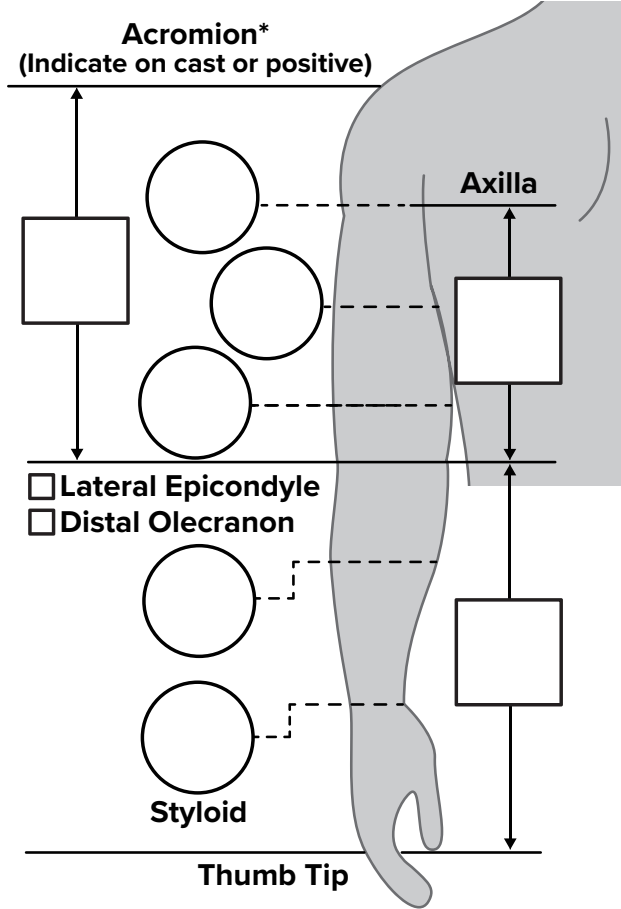
Detail any other changes from the Standards listed above on page 2.

CLINICIAN: _____ PATIENT ID: _____

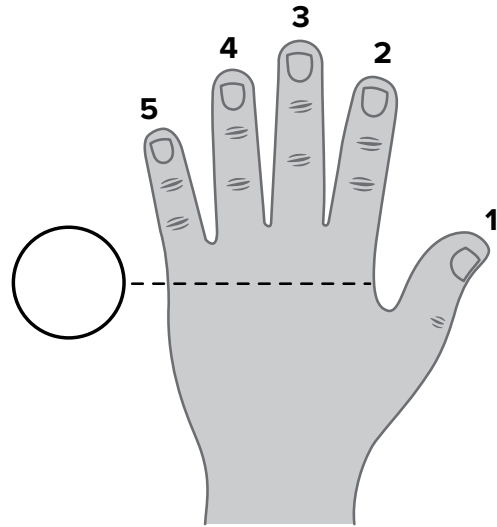
PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

NOTE TO CLINICIAN: It is strongly advised that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

PATIENT MEASUREMENTS



***IMPORTANT:**
Mark All Bony Prominences on Cast



NOTES _____ (Indicate any additional design specifications and detail components drop shipped to the fab.)