

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.**

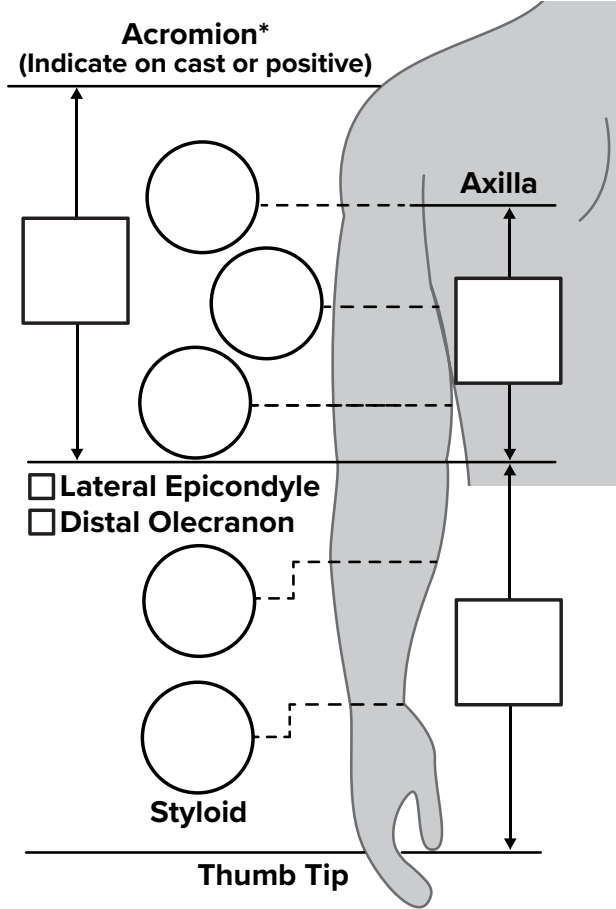
Detail any other changes from the Standards listed above on page 2.

CLINICIAN: _____ **PATIENT ID:** _____

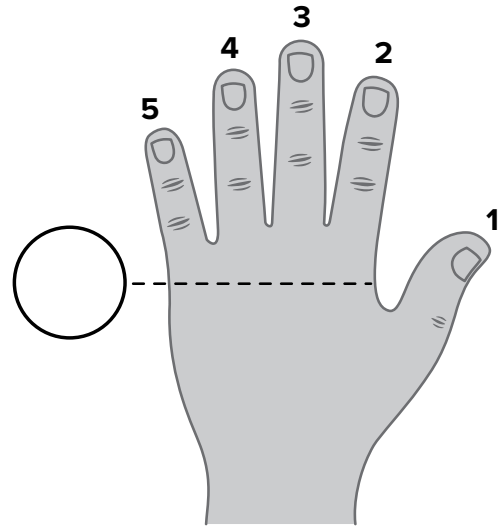
PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ NG MOBILE _____

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.) _____