Hanger FABRICATION NETWORK

Upper Limb Transhumeral Hybrid

WORK ORDER #: (LAB USE ONLY)

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/☐"

CABLING*

STANDARD

- Spectra with Teflon
- Hanger attached
- TRS ferrule in housing
- Plastic covering over housing
- Leather lift assist or directly to forearm (OB)

OPTIONS

☐ Hosmer metal ferrule
☐ HD Steel cable
☐ Standard cable w/Teflon
☐ Standard cable w/o Teflon
☐ No covering over housing
☐ Hanger NOT attached
☐ No cabling requested
☐ Change lift assist to:_____

HARNESS*

STANDARD

- Fig. 8 with Large NW ring
- Four-Bar buckles
- Anterior elastic strap and 1/2" Dacron for elbow lock
- Lateral suspension anterior to acromion

OPTIONS

☐ Dual NW ring
☐ BAHA
☐ Silicone axilla (Hosmer)
☐ Change NW ring size:____
☐ Chest strap (clinician to provide fabrication instruction)
☐ TRS neoprene on axilla loop
☐ Plastic covering on axilla loop
☐ No harness requested

ELBOW

OPTIONS

☐ Lamination over elbow ball to match forearm
☐ Lift assist for E-Series
☐ AFB for non-Ergo arm

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

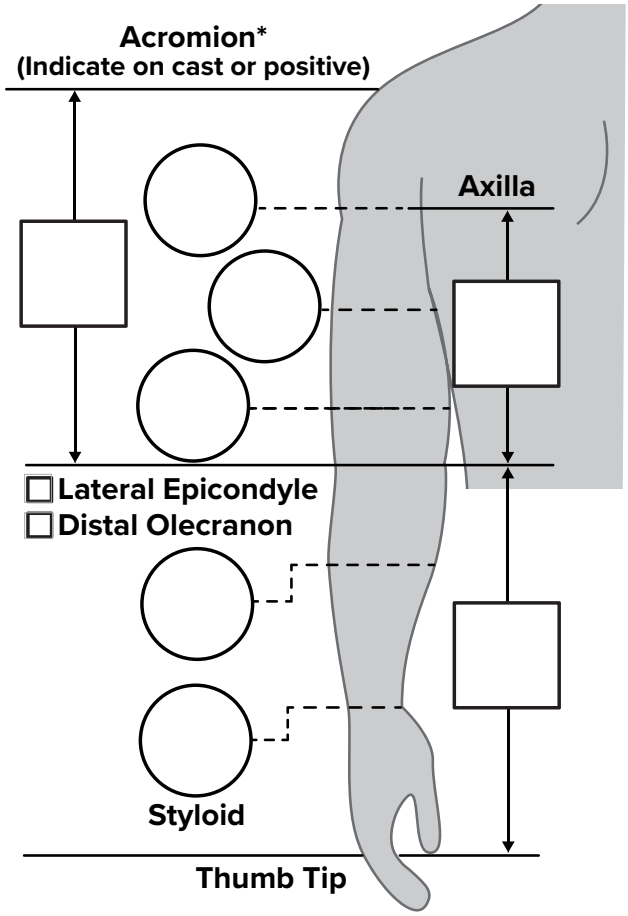
Detail any other changes from the Standards listed above on the next page.

CLINICIAN: _____ **PATIENT ID:** _____

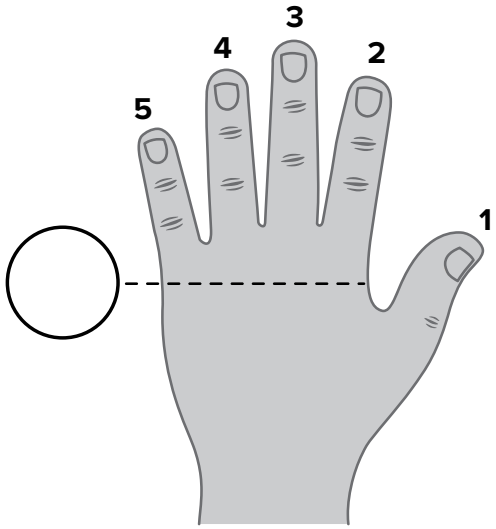
PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ NG MOBILE _____

NOTE TO CLINICIAN: It is <u>strongly advised</u> 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.)**