

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 #: _____

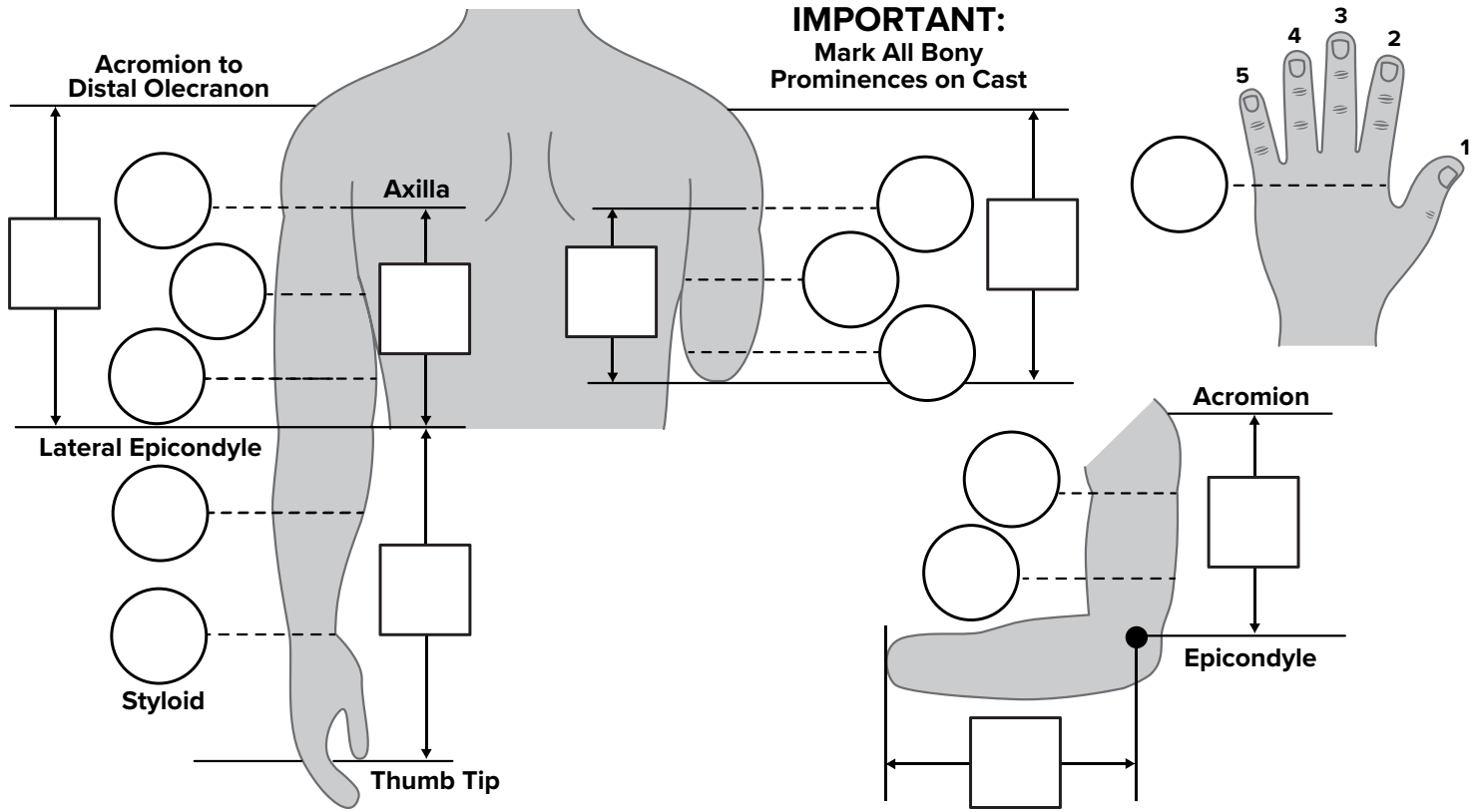
MEASUREMENT DATE: _____

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:



NOTES

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

SOCKET		HUMERAL LAMINATION	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> Laminated w/forearm, 4 layers Nyglass 1/2 oz. Dacron inner layer 	<input type="checkbox"/> Laminated & removable <input type="checkbox"/> Flexible socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> Custom silicone socket	<ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at wrist 2 finishing layers 	<input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final

ALIGNMENT		CABLING*	
STANDARD	OPTIONS (changes from test fit)	STANDARD	OPTIONS
<ul style="list-style-type: none"> Wrist at midline Wrist at perpendicular to forearm axis 	<input type="checkbox"/> Elbow <input type="checkbox"/> Extend _____° <input type="checkbox"/> Radial <input type="checkbox"/> Ulnar Dev. _____° <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> Spectra with Teflon Ball terminal & hanger attached TRS ferrule in housing Plastic covering over housing 	<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"/> Hook to hand cable <input type="checkbox"/> No covering over housing <input type="checkbox"/> Hanger NOT attached <input type="checkbox"/> No cabling requested

HARNESS*		TRICEPS CUFF	
STANDARD	OPTIONS	STANDARD	OPTIONS
<ul style="list-style-type: none"> Fig. 8 with Large NW ring 3 Four-Bar buckles Plastic covering on axilla loop 	<input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> No harness requested <input type="checkbox"/> Change NW ring size: _____	<ul style="list-style-type: none"> Leather w/backing 4.5" long, 5^{3/4}" wide Nickel rivets Hinges riveted to cuff Inverted Y attached to buckles 	<input type="checkbox"/> Change material: _____ <input type="checkbox"/> Change size (notes box) <input type="checkbox"/> Copper rivets <input type="checkbox"/> Hinges attached to buckles <input type="checkbox"/> Clinician to fabricate <input type="checkbox"/> Hide rivets between leather & backing

***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](#).