

**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

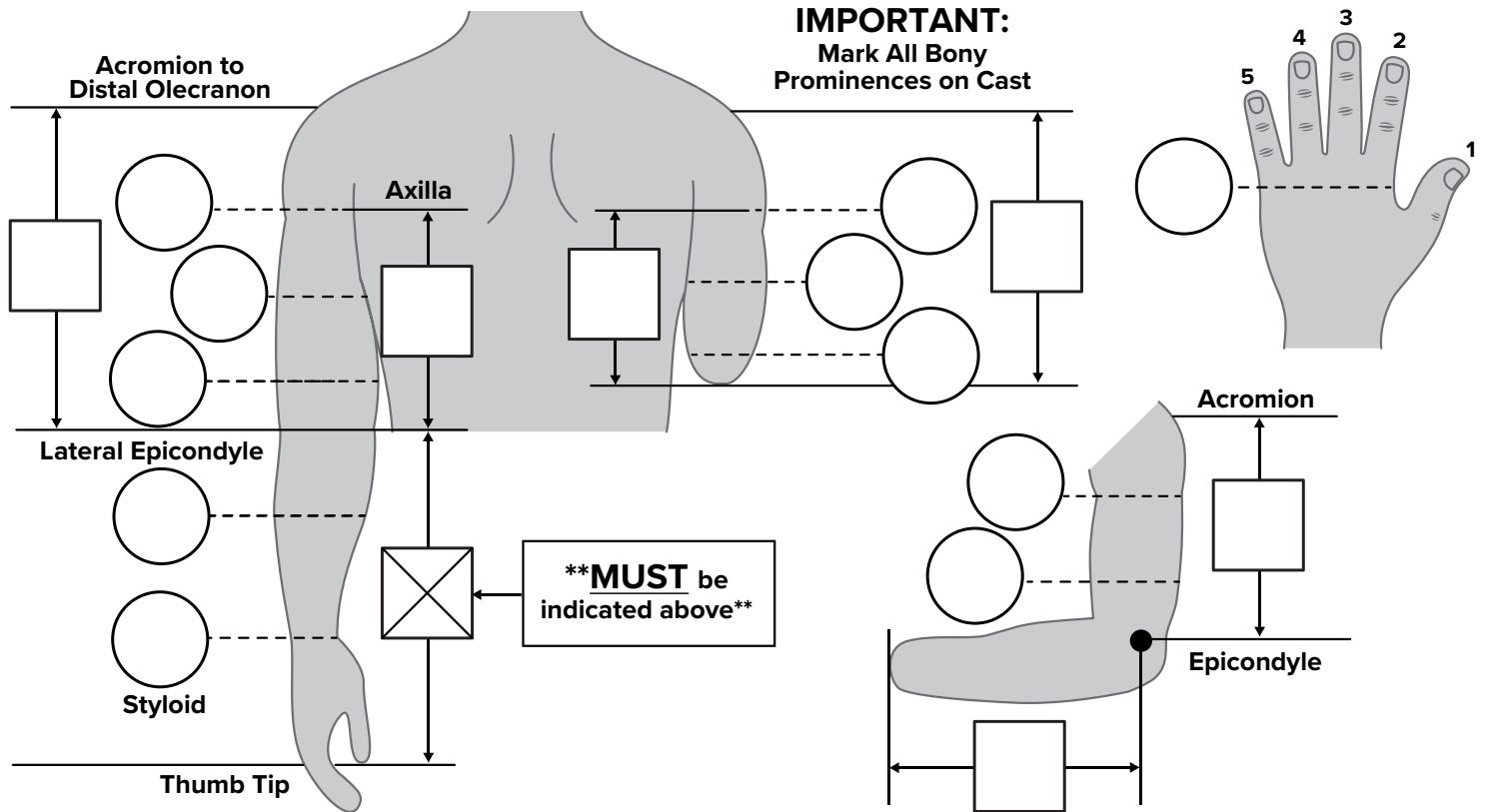
**NOTE TO CLINICIAN:** It is strongly advised that **ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.**

**\*\*REQUIRED:** Length measurement needed: \_\_\_\_\_  in/ mm

Measurement from:  Lateral Epicondyle  Olecranon  Reference point drawn in socket

Measurement to:  Thumb tip (hand closed, thumb in lateral/key grip-side of index finger)  End of hook  End of wrist

**PATIENT MEASUREMENTS** Please complete all necessary measurements:



**NOTES** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLINICIAN:** \_\_\_\_\_ **PATIENT ID:** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT**  CELL  TEXT  EMAIL  NG MOBILE \_\_\_\_\_

SOCKET	FRAME LAMINATION
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<p><b>STANDARD</b></p> <ul style="list-style-type: none"> <li>• Flexible socket</li> <li>• Pull tube (medial)</li> </ul> <p><b>OPTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Custom silicone socket</li> <li><input type="checkbox"/> Lamination over socket</li> <li><input type="checkbox"/> Laminated &amp; removable</li> <li><input type="checkbox"/> Pull tube located: _____</li> <li><input type="checkbox"/> Growth layers of pediatric</li> </ul>	<p><b>STANDARD</b></p> <ul style="list-style-type: none"> <li>• Laminated, 6 layers Nyglass</li> <li>• Carbon tape at wrist</li> <li>• 2 finishing layers</li> <li>• Battery box/charger located medial</li> <li>• QD wrist</li> </ul> <p><b>OPTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)</li> <li><input type="checkbox"/> Carbon tape throughout</li> <li><input type="checkbox"/> Printed material as final</li> <li><input type="checkbox"/> Wrist: <input type="checkbox"/> WD <input type="checkbox"/> Endo</li> </ul>
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ALIGNMENT	LENGTH
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<p><b>STANDARD</b></p> <ul style="list-style-type: none"> <li>• Wrist at midline</li> <li>• Wrist at perpendicular to forearm axis</li> </ul> <p><b>OPTIONS (changes from test fit)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flex <input type="checkbox"/> Extend _____°</li> <li><input type="checkbox"/> Radial <input type="checkbox"/> Ulnar Deviation _____°</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><input type="checkbox"/> No changes needed to length</p> <p><input type="checkbox"/> Change length from test fitting by</p> <p style="padding-left: 40px;"><input type="checkbox"/> Lengthen <input type="checkbox"/> Shorten _____ <input type="checkbox"/> in/<input type="checkbox"/> mm</p> <p><i>(The difference between this and the measurement from the trial fit MUST equal the length measurement provided above!)</i></p>
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ELECTRONICS
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<p><b>Control system:</b> <input type="checkbox"/> Otto Bock <input type="checkbox"/> Motion Control <input type="checkbox"/> Steeper</p> <p><input type="checkbox"/> Dual Site <input type="checkbox"/> Single Site</p> <p><input type="checkbox"/> <b>Electrodes:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OB <input type="checkbox"/> Steeper</li> <li><input type="checkbox"/> Touch <input type="checkbox"/> Other</li> <li><input type="checkbox"/> Motion Control</li> <li><input type="checkbox"/> Standard <input type="checkbox"/> Silicone Apron <input type="checkbox"/> Remote Style</li> </ul> <p><input type="checkbox"/> Switch/Linear Pot (detail below)</p>	<p><input type="checkbox"/> Touch Bionics <input type="checkbox"/> COAPT <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <b>Rotator:</b> <input type="checkbox"/> OB <input type="checkbox"/> Motion Control</p> <p><input type="checkbox"/> Int Battery <input type="checkbox"/> Ext Battery</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LTI <input type="checkbox"/> Motion Control <input type="checkbox"/> Other</li> <li><input type="checkbox"/> OB <input type="checkbox"/> IBT</li> <li><input type="checkbox"/> Touch <input type="checkbox"/> Steeper</li> </ul> <p><b>Capacity:</b> <input type="checkbox"/> Std <input type="checkbox"/> Small <input type="checkbox"/> Large</p>
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**Detail any other changes from the Standards listed above:** \_\_\_\_\_

**TURNAROUND TIMES**