

**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: \_\_\_\_\_

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
- Pull tube (medial)

**OPTIONS**

- Custom silicone socket (complete separate work order)
- Lamination over socket
- Laminated & removable
- Pull tube located: \_\_\_\_\_
- Growth layers of pediatric

**FRAME LAMINATION**

**STANDARD**

- Laminated, 6 layers Nyglass
- Carbon tape at wrist
- 2 finishing layers
- Battery box/charger located medial
- QD wrist

**OPTIONS**

- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Printed material as final
- Carbon at trimlines

**ALIGNMENT**

**STANDARD**

- Wrist at midline
- Wrist at perpendicular to forearm axis

**OPTIONS (changes from test fit)**

- Flex  Extend \_\_\_\_\_°
- Radial  Ulnar Deviation \_\_\_\_\_°
- Other: \_\_\_\_\_

**LENGTH**

- No changes needed to length
- Change length from test fitting by \_\_\_\_\_  
 Lengthen  Shorten \_\_\_\_\_  in/ mm

**(The difference between this and the measurement from the trial fit MUST equal the length measurement provided above!)**

**Detail any other changes from the Standards listed above:** \_\_\_\_\_

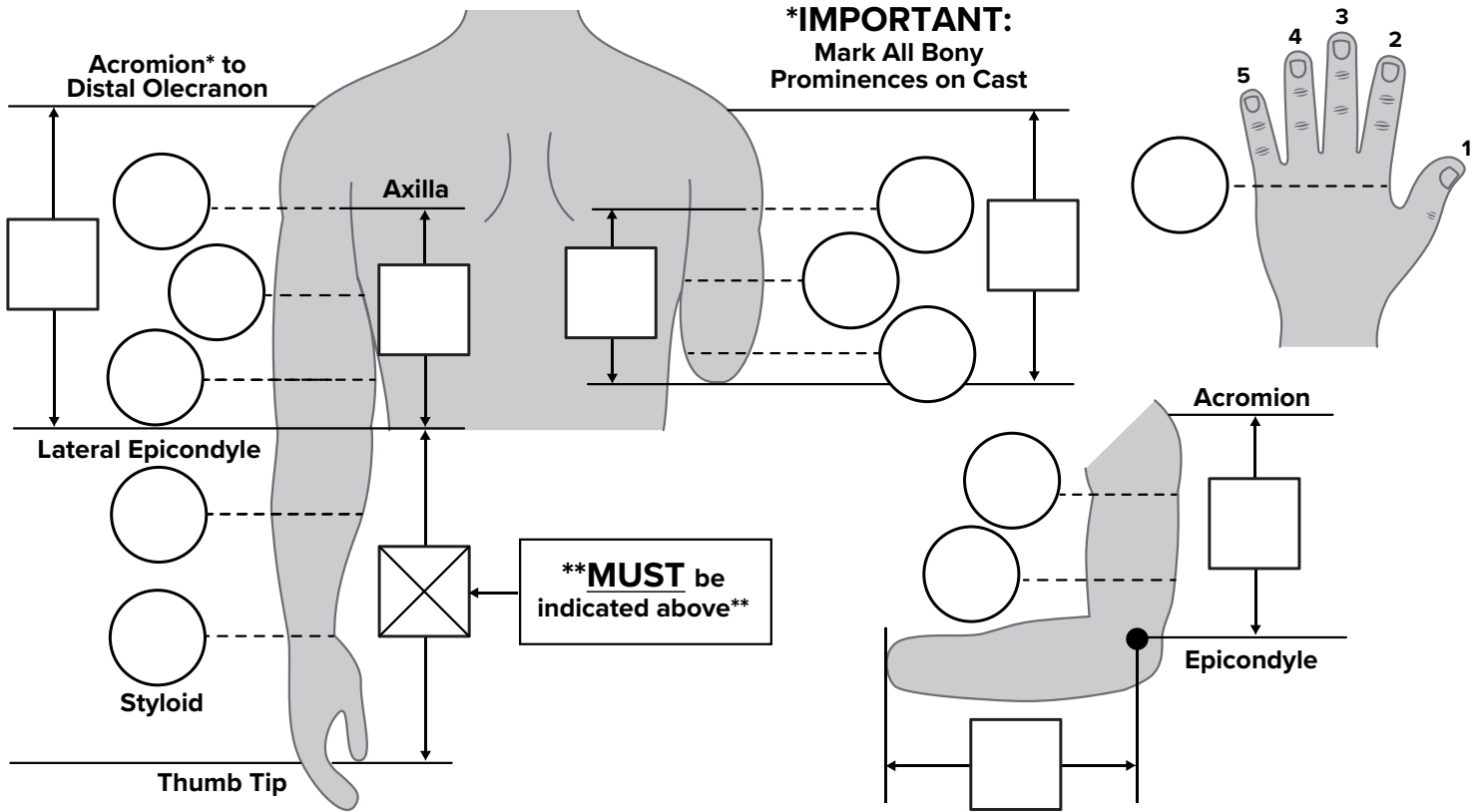
**CLINICIAN:** \_\_\_\_\_ **PATIENT ID:** \_\_\_\_\_

**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.**

**\*\*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** \_\_\_\_\_