

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:** _____

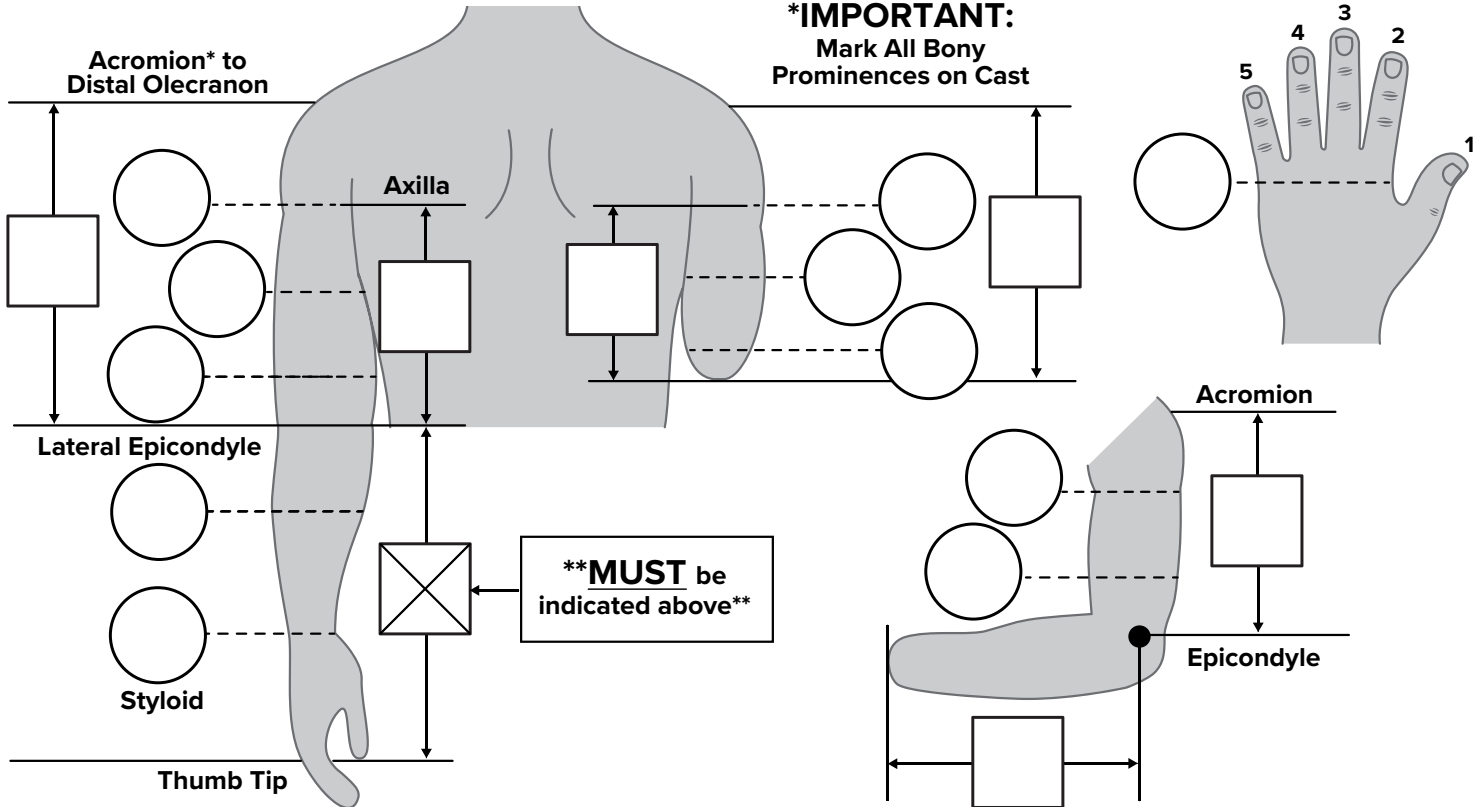
PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ NG MOBILE _____

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:

***IMPORTANT:**
Mark All Bony
Prominences on Cast



NOTES _____