

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:** _____

MALE FEMALE

LEFT RIGHT BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

MEASUREMENTS (REQUIRED)

DESIRED BRIM STYLE *Suction (Seal-In) Available

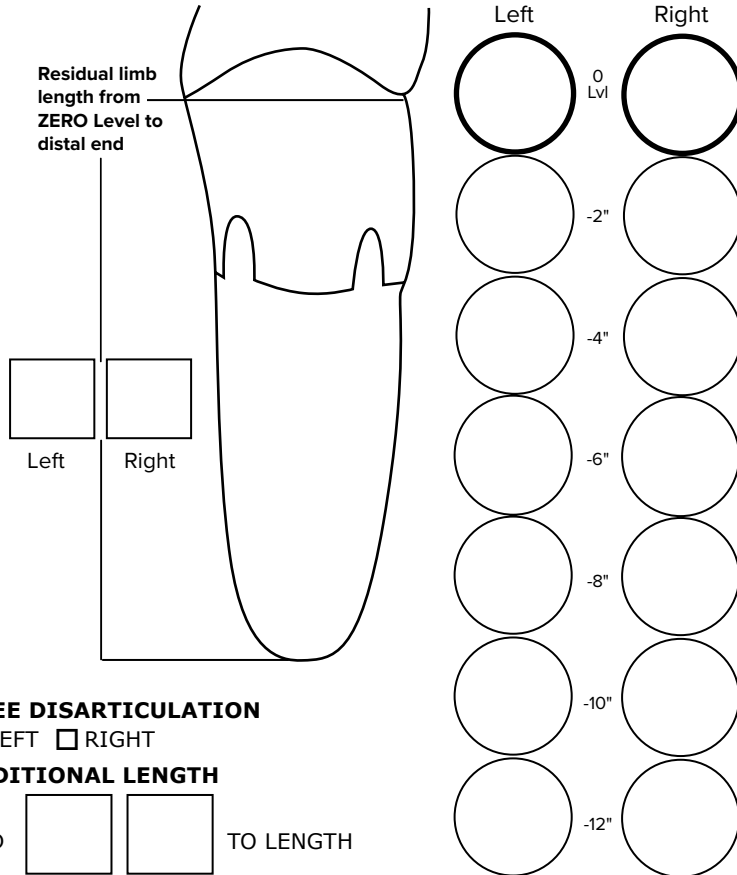
2020 Carroll Quad 2020 ComfortFlex* 2020 ComfortFlex Mature*

2020 IPOC IC* 2020 Narrow ML* 2020 Soft Quad* CNC

Mild IPOS IC* Modified Quad Other Brim: _____

Suction (Seal-In) Design (Check if Ordering)

Zero Reference Point - Perineum† Ischium **†Perineum must be used for all 2020 brimstyles**
Measurements taken in CM IN



KNEE DISARTICULATION

LEFT RIGHT

ADDITIONAL LENGTH

ADD TO LENGTH

Left Right

ALIGNMENT

FLEXION _____ ADDUCTION _____ ABDUCTION _____

DESIGN

SCAN TYPE

Already Modified by Clinician

Use Previous Model

Provide Date or CDC Order# _____

By Measurement Only

Merge Order Scan Type

Patient Scan Positive Model Scan

LINER SCANNED/MEASURED OVER

Skin Other: _____

REDUCTION%

0 1 2 3 4 5 6 7 8

CDC Reduction (Based on Liner/Tissue Type)

TISSUE TYPE

Firm Medium Soft

DEVICE TYPE

Carving Only File Conversion

Check Socket Only Laminated Socket Only

Check Socket & Carving

Laminated Socket & Carving

Definitive Order Form Included Yes No

MATERIAL TYPE

Vivac Durplex Other: _____

SHAPE DISTAL END TO ACCEPT

Endolite USMC

Otto Bock 4 Hole Grace Plate/Seattle 4 Hole

Other: _____

INSTALLS

Valve Type: _____

Distal Attachment Type: _____

Shuttle Lock Type: _____

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).