

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: _____

PREFERRED CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE: ☐ 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 ☐ ANAHEIM ☐ HOUSTON ☐ CROMWELL ☐ OTHER _____

MEASUREMENTS (REQUIRED)

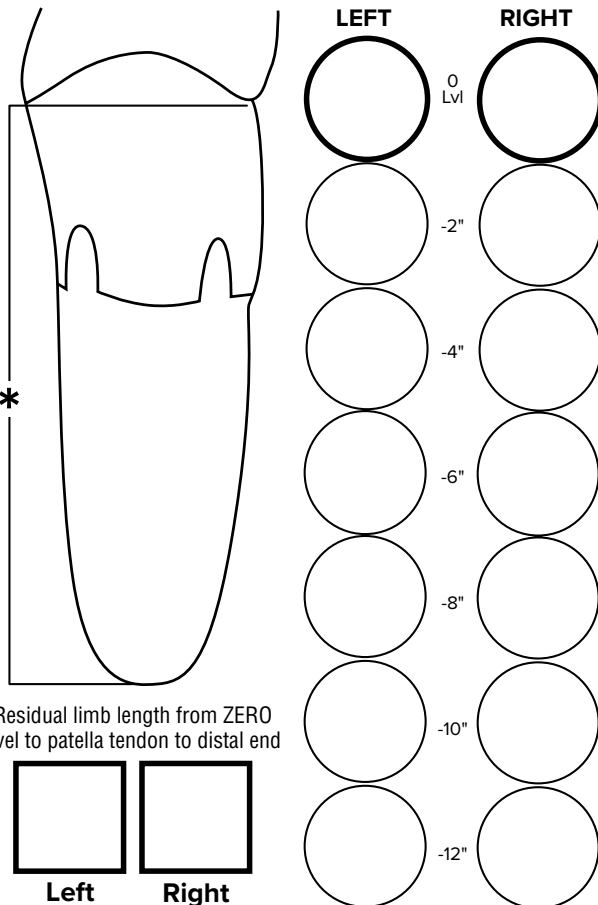
DESIRED BRIM STYLE *Suction (Seal-In) Available

☐ 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: ☐ IN ☐ CM


*Residual limb length from ZERO Level to patella tendon to distal end

ADDITIONAL LENGTH: Left _____ Right _____

KNEE DISARTICULATION: ☐ Left ☐ Right

ALIGNMENT

Flexion _____ Adduction _____ Abduction _____

DESIGN

ACTIVITY LEVEL
☐ K1 ☐ K2 ☐ K3 ☐ K4

SCAN TYPE
☐ Direct Patient (preferred) ☐ By Measurement Only

☐ Modified Positive Model ☐ Unmodified Positive Model

☐ Split/Inside Cast ☐ Outside Cast

☐ Clinician Premodified

☐ Use Previous Model > Provide Date or CDC Order # _____

LINER SCANNED/MEASURED OVER
☐ Skin ☐ Liner Type _____

TISSUE TYPE: ☐ Firm ☐ Medium ☐ Soft

REDUCTIONS
☐ CDC Standard Reduction (based on liner/tissue type)

Volume Reduction / Equivalent Circ. Reduction

<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 6%	<input type="checkbox"/> 7%	<input type="checkbox"/> 8%
	0.5%	1.0%	1.5%	2.0%	2.5%	3.0%	3.6%	4.1%

FABRICATION

DEVICE TYPE
☐ Carving Only

☐ File Conversion

☐ Check Socket Only

☐ Check Socket & Carving

MATERIAL TYPE: ☐ Vivak ☐ 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: _____

NOTES