

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

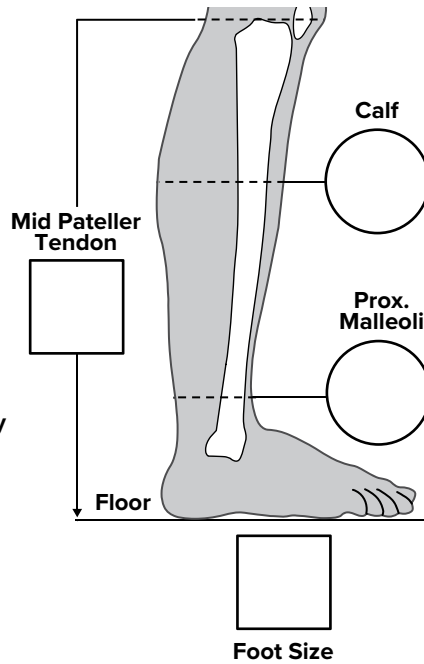
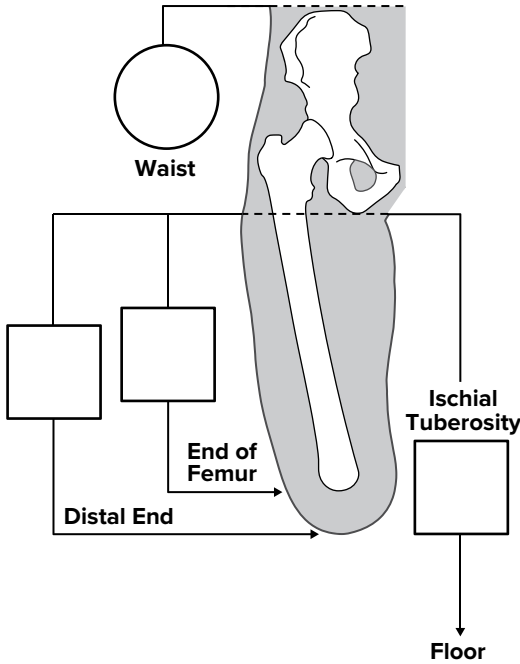
IN-OFFICE REQUEST DATE & TIME: _____

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

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

If a Discrepancy Exists, Go By Impression Measurements **Units of Measure** Millimeters Inches

PATIENT MEASUREMENT REQUIREMENTS



Activity Level K1 K2 K3 K4

RESIDUAL LIMB CIRCUMFERENCES

Skin Liner Thickness

MPT _____ 1" _____ 2" _____

3" _____ 4" _____ 5" _____

6" _____ 7" _____ 8" _____

9" _____ 10" _____ 11" _____

Liner - Type: _____ **Size:** _____

Sleeve - Type: _____ **Size:** _____

Measured with Distraction Yes No

Tissue Type Soft Medium Firm

ISCHIAL LEVEL MEASUREMENTS

Skeletal ML _____ Soft ML _____

Medial AP _____ Lateral AP _____

COVER MEASUREMENTS (Contralateral Limb)

AP _____ ML _____ PML _____

NOTES _____

SCAN INPUT REQUIREMENTS

SCAN TYPE Split/Inside Cast Outside Cast (Preferred)

Positive Model: Unmodified Modified Direct Patient

MEASUREMENTS Average Cast Thickness _____ mm

Outside Cast Forefoot ML _____ Outside Cast Ankle ML _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT CELL TEXT EMAIL NG MOBILE _____

DESIGN

- Submitted Model** Check Socket (Needs Modification Prior to Finishing)
 Check Socket (Complete and Ready for Finishing)
 Flexible Inner Socket with Temporary Frame
 Modified Cast Laminated Socket (Ready for Finishing)

Procedures

- Transfer
 Neutralize Components
 (Except For Distal AP)
 Provide an Additional Check Socket
 Flexible Inner Socket
 Other _____

More Procedures

- Temporary Frame
 First Lamination
 Complete Lamination
 Re-use Existing Components
 Cover and Finishing
 Other _____

SOCKET

Check Socket Plastic

- Vivak (PETG) Thermolyn (Polystyrene) Blister
 Copolymer N/A Drape
 Other _____

Vacuum Forming Method

Check Socket Plastic Thickness

- 1/8" 3/16"
 1/4" 3/8"
 1/2" Other _____

Flexible Inner Plastic

- MPE Northvane Northvane Black Blister
 Proflex Proflex w/Silicone N/A Drape
 Other _____

Vacuum Forming Method

Flexible Inner Plastic Thickness

- 1/8" 3/16"
 1/4" 3/8"
 1/2" Other _____

Posterior Dacron Strip

- Yes
 No

INSERT

Custom Insert Material

- Bocklite
 Pelite
 N/A
 Other _____

Add Ons

- Stove Pipe
 Pull Straps
 N/A
 Other _____

End Pad Material

- Plastazote
 Aliplast
 N/A
 Other _____

SUSPENSION

Shuttle Lock

- Cylindrical 4 Hole
 Original Fillauer
 Coyote
 Clutch Lock
 N/A
 Other _____

Suction Valve

- Green Dot
 Lyn Valve
 Lyn Slide
 N/A
 Other _____

Elevated Vacuum

- Unity Valve
 90° Barb
 N/A
 Other _____

Lanyard

- Pull Strap
 Kiss Puck (4-Hole)
 Kiss Puck (non 4-Hole)
 Nylon Tension Buckle
 Metal Cam Buckle
 Metal Rod Distally
 Other _____

Suspension

- Silesian Belt
 Pelvic Belt
 Hip Joint
 Other _____

COMPONENTS

Support Structure

- Endoskeletal
 Exoskeletal
 N/A

Componentry

- Temporary
 Definitive
 N/A

Component Material

- Aluminum
 Stainless Steel
 Titanium
 N/A

Pylon Diameter

- 34 mm
 30 mm
 22 mm
 N/A

Knee Type

Foot Type

Other Components

Attachment Shape

- Male
 Female
 N/A

Attachment Rotation

- Fixed
 Rotating
 N/A

FINISHING

Resin

- Polyester
 Epoxy
 Acrylic
 N/A
 Other _____

Ultralight Weight Design

- Yes
 No

Lamination Color

Ottobock (1-18) _____ Prosthetic Research Specialists (1-18) _____

Kingsley _____

Frame Options

- Anterior Window Posterior Window with Proximal Dacron Strip
 Trimmed 1 cm Below Flexible Socket's Proximal Trim
 Socket Left Solid - Practitioner Will Frame Out
 Flexible Socket Left Long - Practitioner Will Trim
 Flexible Socket Rolled Over Frame Proximally
 Flexible Socket Trimmed to Trimlines
 Other _____

SETUP/ALIGNMENT

Cover

- Bock Soft
 Bock Firm
 Ohio Willow Wood (OWW)
 N/A
 Other _____

Fairing

- Laminated Shell
 Polyethylene Shell
 Stockinette Reinforcement
 N/A
 Other _____

Cover Process

- Rough Shape
 (25 mm/1" Over Measurements)
 Shape to Measurements
 Shape to Scan
 Other _____

Cover Finish

- Apply Nylons
 Apply Flexible Outer Covering
 Adhere & Trim Flexible Outer Covering
 Other _____

TURNAROUND TIMES