

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: _____

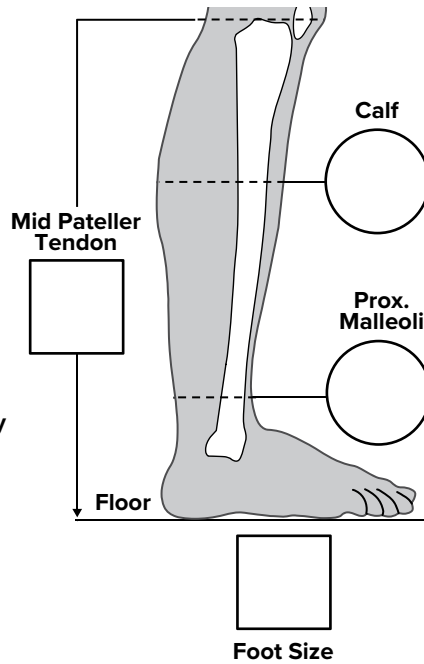
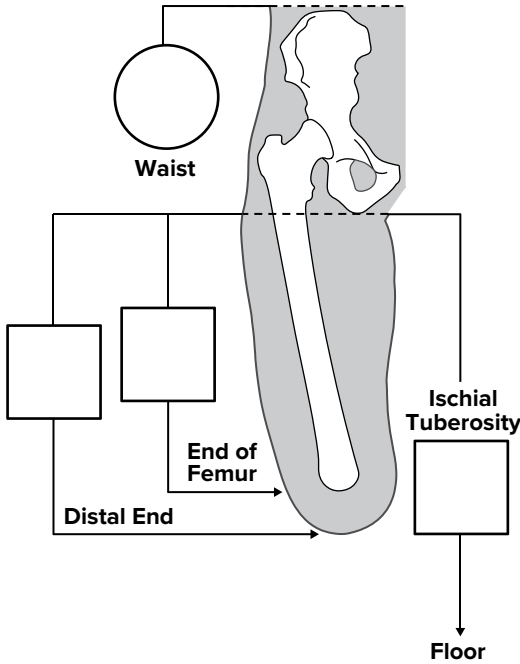
IN-OFFICE REQUEST DATE & TIME: _____

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 | More Procedures |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Temporary Frame |
| <input type="checkbox"/> Neutralize Components
(Except For Distal AP) | <input type="checkbox"/> First Lamination |
| <input type="checkbox"/> Provide an Additional Check Socket | <input type="checkbox"/> Complete Lamination |
| <input type="checkbox"/> Flexible Inner Socket | <input type="checkbox"/> Re-use Existing Components |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cover and Finishing |
| | <input type="checkbox"/> Other _____ |

SOCKET

- | | |
|--|----------------------------------|
| Check Socket Plastic | Vacuum Forming Method |
| <input type="checkbox"/> Vivak (PETG) <input type="checkbox"/> Thermolyn (Polystyrene) | <input type="checkbox"/> Blister |
| <input type="checkbox"/> Copolymer <input type="checkbox"/> N/A | <input type="checkbox"/> Drape |
| <input type="checkbox"/> Other _____ | |

- Check Socket Plastic Thickness**
- 1/8" 3/16"
 1/4" 3/8"
 1/2" Other _____

- | | |
|---|----------------------------------|
| Flexible Inner Plastic | Vacuum Forming Method |
| <input type="checkbox"/> MPE <input type="checkbox"/> Northvane <input type="checkbox"/> Northvane Black | <input type="checkbox"/> Blister |
| <input type="checkbox"/> Proflex <input type="checkbox"/> Proflex w/Silicone <input type="checkbox"/> N/A | <input type="checkbox"/> Drape |
| <input type="checkbox"/> Other _____ | |

- | | |
|--|-------------------------------|
| Flexible Inner Plastic Thickness | Posterior Dacron Strip |
| <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" | <input type="checkbox"/> Yes |
| <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" | <input type="checkbox"/> No |
| <input type="checkbox"/> 1/2" <input type="checkbox"/> Other _____ | |

INSERT

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Custom Insert Material | Add Ons | End Pad Material |
| <input type="checkbox"/> Bocklite | <input type="checkbox"/> Stove Pipe | <input type="checkbox"/> Plastazote |
| <input type="checkbox"/> Pelite | <input type="checkbox"/> Pull Straps | <input type="checkbox"/> Aliplast |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

SUSPENSION

- | | | |
|---|--------------------------------------|--------------------------------------|
| Shuttle Lock | Suction Valve | Elevated Vacuum |
| <input type="checkbox"/> Cylindrical 4 Hole | <input type="checkbox"/> Green Dot | <input type="checkbox"/> Unity Valve |
| <input type="checkbox"/> Original Fillauer | <input type="checkbox"/> Lyn Valve | <input type="checkbox"/> 90° Barb |
| <input type="checkbox"/> Coyote | <input type="checkbox"/> Lyn Slide | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Clutch Lock | <input type="checkbox"/> N/A | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | | |

- | | |
|---|--|
| Lanyard | Suspension |
| <input type="checkbox"/> Pull Strap | <input type="checkbox"/> Silesian Belt |
| <input type="checkbox"/> Kiss Puck (4-Hole) | <input type="checkbox"/> Pelvic Belt |
| <input type="checkbox"/> Kiss Puck (non 4-Hole) | <input type="checkbox"/> Hip Joint |
| <input type="checkbox"/> Nylon Tension Buckle | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Metal Cam Buckle | |
| <input type="checkbox"/> Metal Rod Distally | |
| <input type="checkbox"/> Other _____ | |

COMPONENTS

- | | | |
|---------------------------------------|-------------------------------------|--|
| Support Structure | Componentry | Component Material |
| <input type="checkbox"/> Endoskeletal | <input type="checkbox"/> Temporary | <input type="checkbox"/> Aluminum |
| <input type="checkbox"/> Exoskeletal | <input type="checkbox"/> Definitive | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> Titanium |
| | | <input type="checkbox"/> N/A |

- | | | |
|--------------------------------|------------------|------------------|
| Pylon Diameter | Knee Type | Foot Type |
| <input type="checkbox"/> 34 mm | _____ | _____ |
| <input type="checkbox"/> 30 mm | _____ | _____ |
| <input type="checkbox"/> 22 mm | _____ | _____ |
| <input type="checkbox"/> N/A | _____ | _____ |

- | | | |
|-------------------------|---------------------------------|-----------------------------------|
| Other Components | Attachment Shape | Attachment Rotation |
| _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Fixed |
| _____ | <input type="checkbox"/> Female | <input type="checkbox"/> Rotating |
| _____ | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |

FINISHING

- | | |
|--------------------------------------|---------------------------------|
| Resin | Ultralight Weight Design |
| <input type="checkbox"/> Polyester | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Epoxy | <input type="checkbox"/> No |
| <input type="checkbox"/> Acrylic | |
| <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Other _____ | |

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 Trimplines
 Other _____

SETUP/ALIGNMENT

- | | |
|---|--|
| Cover | Fairing |
| <input type="checkbox"/> Bock Soft | <input type="checkbox"/> Laminated Shell |
| <input type="checkbox"/> Bock Firm | <input type="checkbox"/> Polyethylene Shell |
| <input type="checkbox"/> Ohio Willow Wood (OWW) | <input type="checkbox"/> Stockinette Reinforcement |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

- | | |
|--|--|
| Cover Process | Cover Finish |
| <input type="checkbox"/> Rough Shape
(25 mm/1" Over Measurements) | <input type="checkbox"/> Apply Nylons |
| <input type="checkbox"/> Shape to Measurements | <input type="checkbox"/> Apply Flexible Outer Covering |
| <input type="checkbox"/> Shape to Scan | <input type="checkbox"/> Adhere & Trim Flexible Outer Covering |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

TURNAROUND TIMES