

**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:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_ **AFFECTED SIDE (Check One):**

LEFT  RIGHT  BILATERAL

**NG ENCOUNTER #:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

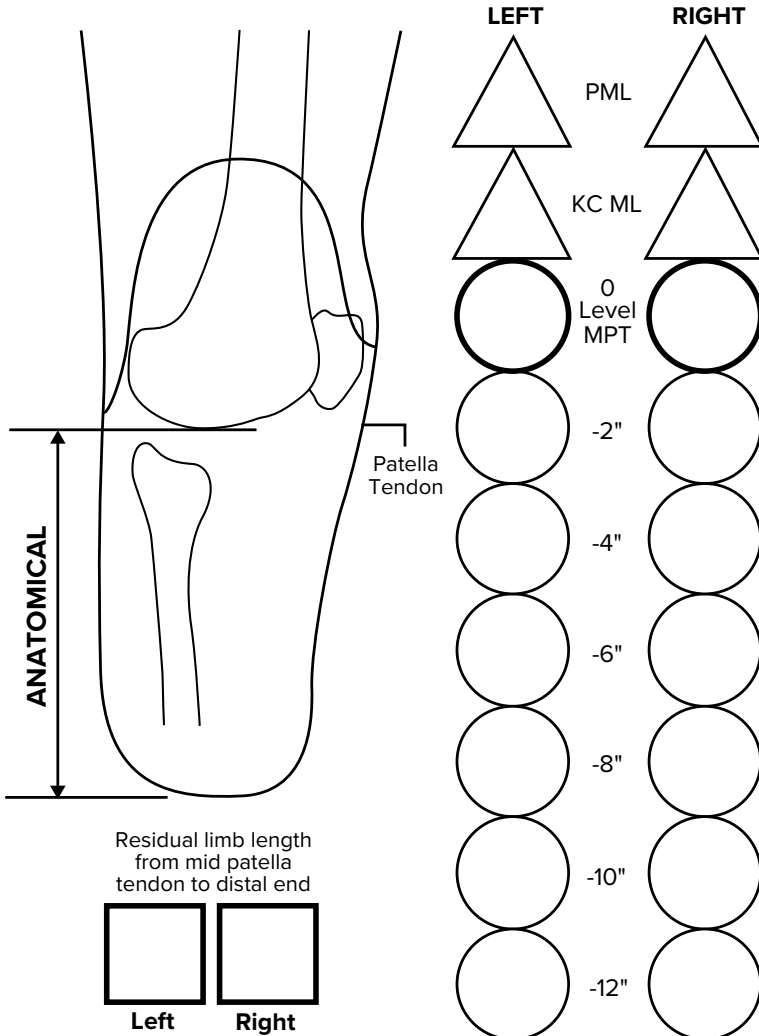
**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

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

**HFN:**  PHOENIX  ORLANDO  KANSAS  CHICAGO  OTHER \_\_\_\_\_

**Anatomical landmarks of MPT, Fibular head, and Distal Tibia must be located on the scan or cast**

**MEASUREMENTS TAKEN IN**  IN  CM



**ACTIVITY LEVEL**  K1  K2  K3  K4

**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

0%  1%  2%  3%  4%  5%  6%  7%  8%  9%  10%  
0.5% 1.0% 1.5% 2.0% 2.5% 3.0% 3.6% 4.1% 4.6% 5.1%

**MODIFICATION TYPE**

TSB  PTB  PTBSC  Vac Pin  Hybrid

Suction  Vacuum Type \_\_\_\_\_

Clinician Premodified

Use Previous Model > Provide Date or CDC Order # \_\_\_\_\_

**POSTERIOR SHELF**

None  W Back  Straight  Diagonal

**NOTES**

**SCAN INPUT REQUIREMENTS**

**SCAN TYPE**  Split/Inside Cast  Outside Cast (Preferred)

Positive Model:  Unmodified  Modified  Direct Patient

**MEASUREMENTS** Always scan/cast and measure over the liner you are fitting with