

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 or BILATERAL: SYMMETRICAL YES NO

ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS OTHER _____

Steps: 1. Select Socket Design 2. Indicate Reel Location 3. Select Pad Thickness

1. DESIGN

PANEL

REQUIRED: Panel size, shape, and location must be indicated on the check socket or socket file. 3 different panel locations may be selected.

AK



Medial
 Lateral

BK



Posterior (1)
 Anterior (2)

KD



Medial Lateral
 Posterior

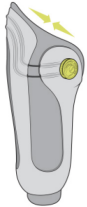
Symes



GAP

REQUIRED: Gap location/cutout must be indicated on check socket or socket file.

AK



Posterior Proximal Gap

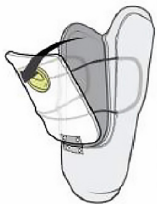
BK



2 Posterior Gaps

HINGE

REQUIRED: Hinge size and shape must be indicated on check socket or socket file. Hinge element: 3/16"x1"x1/2" flexible plastic unless otherwise indicated.



Hinged Open Posterior



Supracondylar

2. REEL LOCATION

REQUIRED: Reel placement must be indicated on the check socket or socket file

Frame Mounted: Proximal Midshaft Distal
and Posterior Anterior Medial Lateral

Panel Mounted: Posterior Medial Lateral
(not an option for GAP design)

3. PAD THICKNESS

None 1/8" 1/4" 3/8" Other _____

NOTES

TURNAROUND TIMES

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