AMPUSHIELD® CUSTOM TO MEASURE TRANSRADIAL LIMB PROTECTOR

WORK ORDER #: (LAB USE ONLY)

PCC #:	CLINICIAN:
BILL TO:	CELL #:
ADDRESS:	PATIENT ID:
	HEIGHT: WEIGHT: AGE:
SHIP TO: SAME AS BILLING	DIAGNOSIS:
ADDRESS:	AFFECTED SIDE (Check One): LEFTRIGHT orBILATERAL: SYMMETRICALYESNO
	NG ENCOUNTER #:
SHIPPING: ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D) OVERNIGHT: ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)	MEASUREMENT DATE:
OTHER:	IN-OFFICE REQUEST DATE & TIME:

Click here to email form > HFN Arizona@Hanger.com CUSTOMER SERVICE PHONE: 480-894-1755

SMALL

Level	Circumference	Measurements
Mid-Hum	open cuff design	3
Lateral Epi	Not Available	
Mid-Amp	NOT 8.75"-6.75"	
2" from Dis	8.25'-6.75"	
	# of units ordered:	

MEDIUM (F5788)

Level	Circumference	Measurements
Mid-Hum	open cuff design	
Lateral Epi	9-11" (23-28 cm)	
Mid-Amp	8.75-11" (22-28 cm)	
2" from Dis	8-9.25" (20.5-23.5 cm)	
	# of units ordered:	

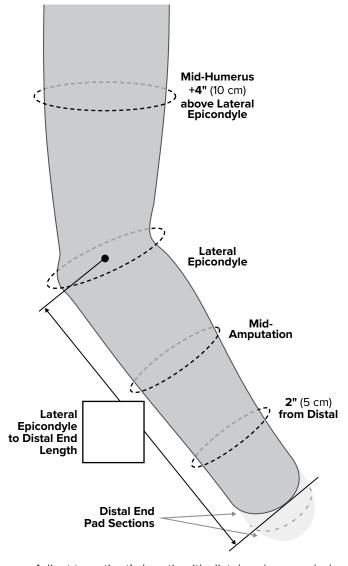
LARGE

Level	Circumference	Measurements
Mid-Hum	open cuff design	
Lateral Epi	open curr design	
Mid-Ampn	Not 12"-10.5"	
2" from Dis	11.25"-9.75"	
	# of units ordered:	

OPTIONS

01 110145	
Figure 9 Harness	Qty:
Extra End Pad Set (2-1" Pad Set)	Qty:

SIZING SPECIFICATIONS ☐ IN ☐ CM Please include all measurements with the order.



- Adjust to patient's length with distal pad as needed.
 - Device will be shipped with 2" distal end pad that is split in half.

TURNAROUND TIMES