

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: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):

LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

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

MEASUREMENTS TAKEN IN

CM IN

KNEE DISARTICULATION

Left Right

DEVICE TYPE

AmpuShield w/Semi-Rigid Frame

Soft Protector

Rigid PE Protector

- Unlined, top 1/8" Pelite padding
- Add Flared Top
- Lined with 1/4" Aliplast
- Add Flared Top

DISTAL END PAD*

Ships w/additional 1" adjustment pad

Standard (1")

Other _____ IN

ADDITIONAL ITEMS

Extra End Pad Set

Suspension Belt

Knit-Rite Power Belt

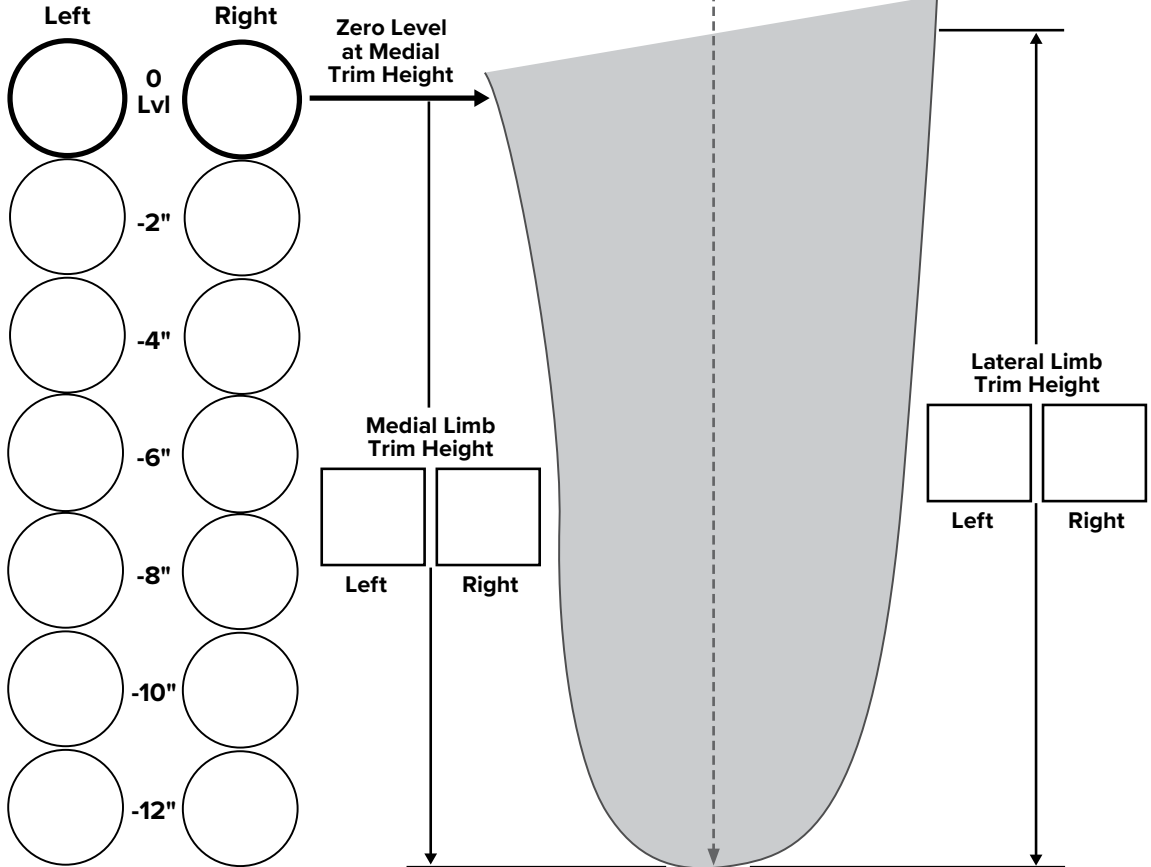
Silesian Belt

- Waist = _____ IN/CM

VARIATION

Ventilate

***IMPORTANT:** Provide trim length from **Distal Limb**.
Fabrication will adjust length to accommodate for end pad.



NOTES

TURNAROUND TIMES

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