

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

NG 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

DEVICE TYPE

AmpuShield w/Semi-Rigid Frame**

Soft Protector
w/Posterior 1/8" Kydex stay

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

VARIATION

Ventilate

Knee Flexion

<input type="checkbox"/>	<input type="checkbox"/>
Left	Right

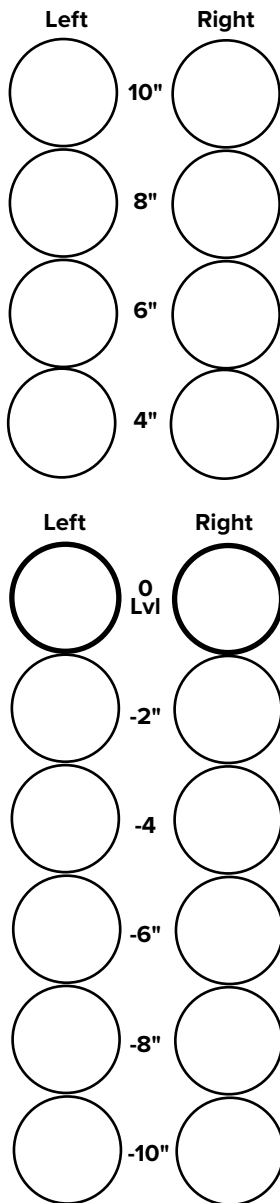
• Flexion angles greater than 20 degrees requires a rigid protector with step locks. Device will be designed neutral and can be adjusted at fitting.

Varus

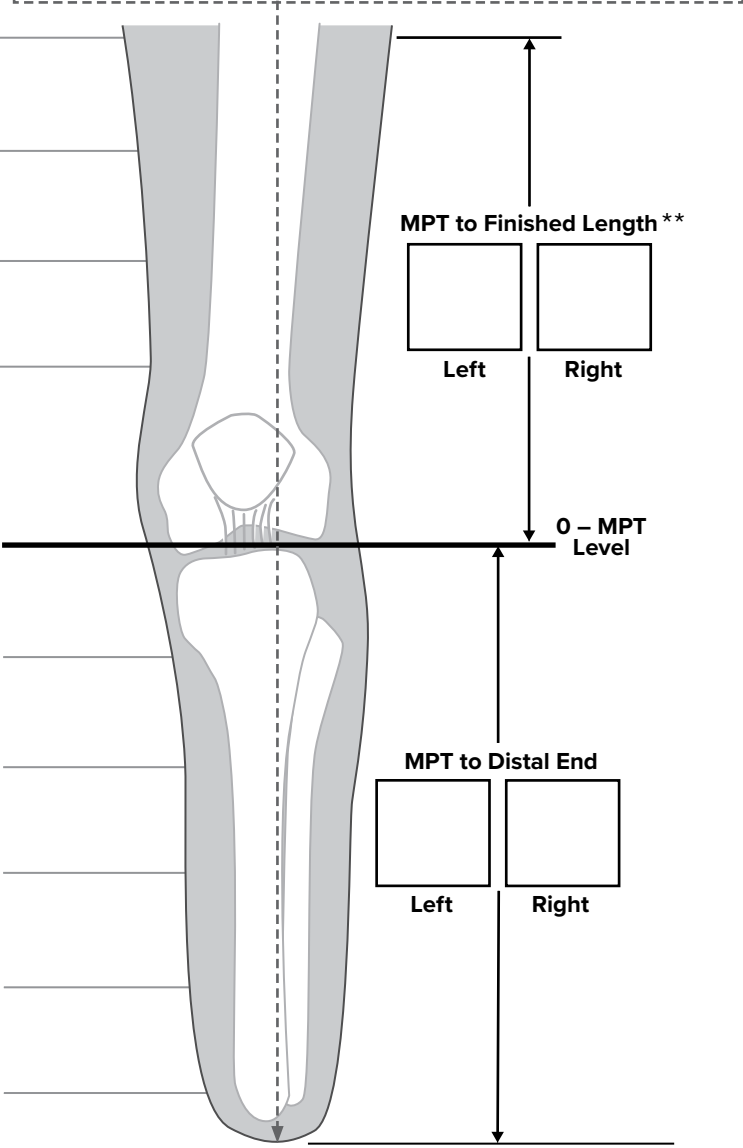
<input type="checkbox"/>	<input type="checkbox"/>
Left	Right

Valgus

<input type="checkbox"/>	<input type="checkbox"/>
Left	Right



***IMPORTANT:** Provide trim length from MPT.
 **Must be a minimum of 8" for Semi-Rigid Frame. Fabrication will adjust distal length to accommodate for end pad.



TURNAROUND TIMES

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