

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: _____

PREFERRED CONTACT METHOD: _____

PATIENT ID: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One)

LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

NG ENCOUNTER #: _____

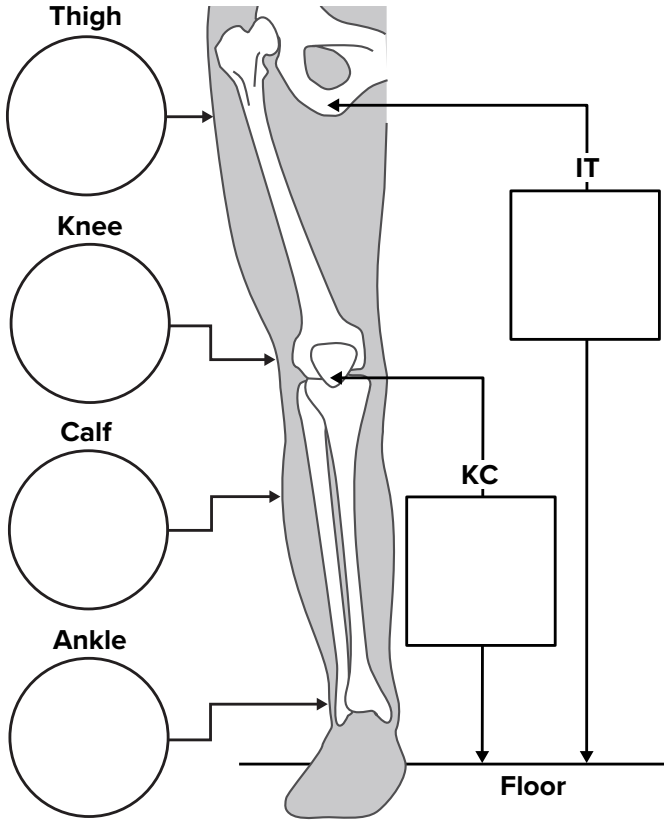
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

MEASUREMENTS (REQUIRED)

Please mark alignment and line of progression on cast



(Select One) SS Ti AL

TYPES OF COMPONENTS

Joints _____ Socket Adapter _____

Knee _____ Component _____

Tube Clamp _____ Pylon _____

Foot Plate _____ Heel Height _____

Foot/Style/Size _____

DESIGN

STD. EXOSKELETAL STD. ENDOSKELETAL

ACTIVITY LEVEL

K-1 K-2 K-3 K-4

TYPES OF SOCKET

Cast Prep Cast Modification K.D. Test Socket

Leather Socket Rough Kit Socket Epox-Acryl

LINERS

Thermoflex Polyethylene

Pelite Pelite Covered with Leather

ADDS

Expandable Medial Window Bent Back Knee

Heavy Duty Carbon Leather Lace Front

Check Lug & Lace

INSTALLS

Install Joints

Install Valve

Type _____ Type _____

PIGMENTATION COLOR

Ottobock# _____ PRS# _____ Other _____

FINISH KD

Leather Socket Thigh Epox-Acryl Shin Epox-Acryl

Shape & Hollow Out Shin Foam Cover on Skin

HIP CONTROL

Install Hip Control

Type of joint _____

Type of band _____

Type of belt _____

Add Finish Hip Control

SETUP

Setup Fabricate Exo Shin Setup Fabricate Endo Shin

ALIGNMENT

Flexion _____

Abduction _____

Adduction _____

TURNAROUND TIMES