

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: _____

DESIGN INPUT BODY DOUBLE OR P386 (GRAY) IMPRESSION MATERIAL SCAN | EMAIL TO HFN_PARTIALHAND@HANGER.COM**CLINICAL PROFILE****FINGERS** LEFT RIGHT BILATERAL FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY THUMB**EMAIL OR SHIP PROJECT & DETAILS TO:**

HFN_PARTIALHAND@HANGER.COM

HFN PHOENIX

302 E UNIVERSITY DR, STE 301

PHOENIX, AZ 85004

P 480.894.1755

DESIGN OPTION THREADED ATTACHMENT**STANDARD**

1/2"-20 (MAIN MOUNTING)

1/4"-20 (LOCKING NUT)

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