

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 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 REQUIREMENTS

BODY DOUBLE OR P386 (GRAY) IMPRESSION MATERIAL **WRIST AND HAND IN NEUTRAL**

MOLD FROM THE DISTAL TIP OF FINGERS TO THE CUBITAL FOLD **ROM VIDEO** **PHOTOS**

OPTIONS HIGH ACTIVITY YES (CONSULTATION REQUIRED)

PRE-PRINT DESIGN CONSULTATION (RECOMMENDED) YES NO

CONTACT: HFN_PARTIALHAND@HANGER.COM

DESIGN OPTIONS

M 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

TITAN 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

POINT DESIGN LEFT RIGHT

PRTL 2/IDX 3/MID 4/RG 5/PKY

DGT 2/IDX 3/MID 4/RG 5/PKY

STATIC BIO-IDENTICAL LEFT RIGHT

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

SILICONE ONLY LEFT RIGHT BILATERAL

FINGER EXTENSION HEIGHT _____

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

WRIST DISARTICULATION TRANS RADIAL

TRANS HUMERAL SHOULDER DIS.

SILICONE SOCKET LEFT RIGHT BILATERAL

VALVE TYPE: NO VALVE AK LYN VALVE

PEE WEE LYN VALVE OTHER _____

PULL TUBE

FINISH OPTIONS

SILICONE COLORS

BLACK SKIN TONE - CALL FOR OPTIONS

3D FRAME PAINT COLORS MATTE GLOSS

BLACK WHITE HANGER ORANGE

SILVER COCA-COLA RED METALLIC PURPLE

OTTOBOCK 4 SKIN TONE OTTOBOCK 11 SKIN TONE

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

ADDITIONAL PROJECT DETAILS CAN BE PROVIDED ON PAGE 2

TURNAROUND TIMES

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

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTES

TURNAROUND TIMES