

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 #: _____ **EMAIL:** _____

PATIENT ID: _____

LEFT RIGHT **TERMINAL DEVICE:** _____

WRIST UNIT: _____

LAM./GLOVE COLOR: _____

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

COMPONENTS TO BE ORDERED BY: PCC HFN

DESIGN INPUT REQUIREMENTS

- BODY DOUBLE OR P386 IMPRESSION **IN DESIRED ALIGNMENT***
 SCAN **IN DESIRED ALIGNMENT** PHOTOS

OPTIONS

- HIGH ACTIVITY? YES (CONSULTATION REQUIRED)
 PRE-PRINT DESIGN CONSULTATION (RECOMMENDED) YES NO
 BODY DOUBLE SILICONE/IMPRESSION OF SOUND SIDE (OPTIONAL)

***MOLD/IMPRESSION SHOULD CAPTURE DISTAL ALIGNMENT TIP FINGER TO 1" PROXIMAL TO STYLOIDS**

CONTACT: HFN_PARTIALHAND@HANGER.COM

COMPONENT 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 BILATERAL
 FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY
 PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY
 THUMB PIVOT

- GRIP LOCKS** 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

DIGIT DESIGN OPTIONS

- SPLIT HAND PX** LEFT RIGHT BILATERAL
 STATIC OPPOSITIONAL DIGIT LT RT BILAT
 FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY
 PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY
 THUMB

PASSIVE ALIGNMENT

DIGITAL FLEXION

- MATCH SOUND SIDE IMPRESSION
 STANDARD – **MCP 45° PIP 45° DIP 30°**
 TO MEASUREMENT – MCP ___° PIP ___° DIP ___°

THUMB FLEXION

- MATCH SOUND SIDE IMPRESSION
 STANDARD – **IP 45°**
 TO MEASUREMENT – IP ___°

SILICONE SOCKET

- DIGIT ONLY
 GLOVE STYLE
 WRIST STRAP (thumb only)

FINISH OPTIONS

SILICONE COLORS

- BLACK WHITE ROSE BLUE

3D FRAME PAINT COLORS

- BLACK GRAY

Detail any other changes from the Options listed above on the next page.

CLINICIAN: _____ **PATIENT ID/NAME:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTES