

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: _____

HFN: ANAHEIM PHOENIX

COMPONENTS TO BE ORDERED BY: PCC HFN

DESIGN INPUT REQUIREMENTS

BODY DOUBLE OR P386 IMPRESSION **IN DESIRED ALIGNMENT***

OPTION

HIGH ACTIVITY? YES (CONSULTATION REQUIRED)

PHOTOS

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

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

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 ___°

DEVICE

TEST SOCKET, SILICONE

DEFINITIVE SILICONE SOCKET WITH DX FRAME FOR FINGER POS.

DEFINITIVE SILICONE SOCKET WITH FRAME

SOCKET

CUSTOM SILICONE SOCKET

FLEXIBLE THERMOPLASTIC SOCKET

ADDITIONS

ZIPPER

GEL PAD

VELCRO STRAP

CHANNEL FOR STRAP

SILICONE STRAP

FRAME

LAMINATE, COLOR _____

CARBON

OTHER _____

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

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTES