PCC #:	CLINICIAN:	
BILL TO:	PREFERRED CONTACT METHOD:	
ADDRESS:	PATIENT ID:	
	HEIGHT:	WEIGHT: AGE:
SHIP TO: 🗌 SAME AS BILLING		
ADDRESS:	NG ENCOUNTER #	£:
SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)	MEASUREMENT DATE:	
OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A) OTHER:	IN-OFFICE REQUE	ST DATE & TIME:
If a Discrepancy Exists, Go By: 🗋 Impression 🗋 Measurements Units of Measure: 🗋 Millimeters 🗋 Inches		
MEASURMENTS (REQUIRED)		DESIGN
	\bigwedge	KYDEX PANELSCAN SENTBeigeYesBlackNo
	A/P AT LEVEL OF DEFORMITY	PAD MATERIAL P-Cell Plastizote Silicone Gel
	\bigcirc	PAD THICKNESS □ 5/8" □ 1/2" □ 3/8" □ 1/4"
	CIRCUMFERENCE AT LEVEL OF DEFORMITY	METAL Standard Aluminum Reinforced Aluminum
	-	RATCHETSM2 Black Low-Profile Ratchet (3/4" Buckle)M2 White Low-Profile Ratchet (3/4" Buckle)M2 Black Heavy-Duty Ratchet (1" Buckle)
DISTANCE FROM APEX OF DEFORMITY TO UMBILICUS	DISTANCE FROM APEX OF DEFORMITY TO SN	OPENING Anterior Posterior

NOTES .

TURNAROUND TIMES