

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

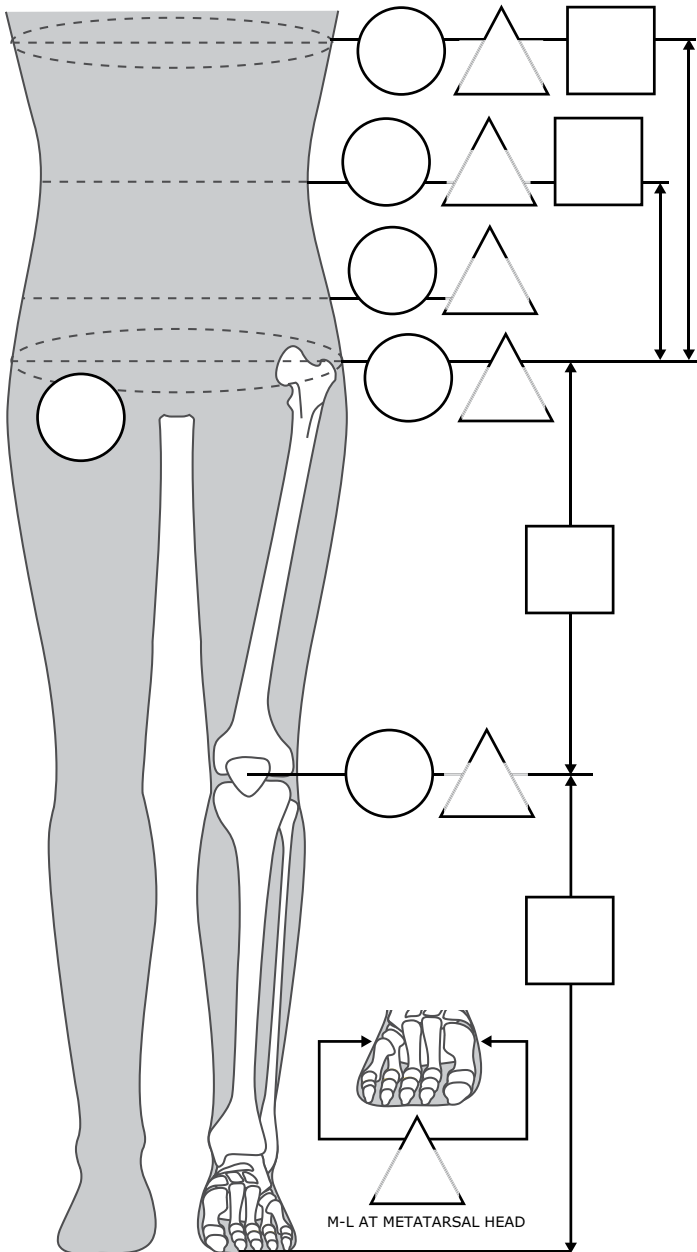
NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: ANAHEIM KANSAS CITY ORLANDO PHOENIX

MEASUREMENTS (REQUIRED)



DESIGN

CONTRACTURES

Hip Flexion

N/A

_____°

Knee Flexion

N/A

_____°

Plantarflexion

N/A

_____°

COMPONENTS

Cable Type

Horizontal Dual Rocker Bar (Metal Pelvic Section Only)

Pelvic Section

Plastic Band Metal Band

Uprights

Single Double

Hip Joints

Reg. Thrust Bearing Abduction Non-Abduction

Hip Joint Sizes

Small (3/16 x 5/8) Medium (1/4 x 13/16)

Large (5/16 x 7/8)

Knee Joint

Fillauer Cam Lock Drop Locks Bail Lock

Other _____

Knee Joint Bar Size

3/16 x 5/8 3/16 x 3/4 1/4 x 3/4

Heel Height

0" 1/4" 1/2"

NOTES

Empty box for notes.

TURNAROUND TIMES

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