

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: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

MALE FEMALE

NG ENCOUNTER #: _____

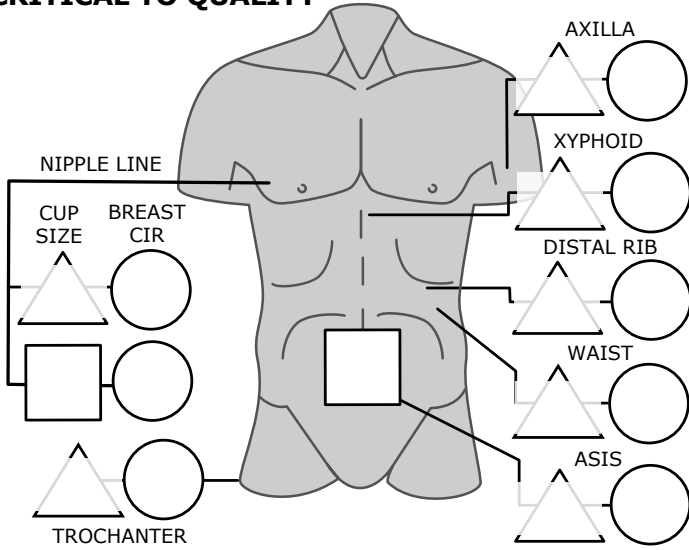
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

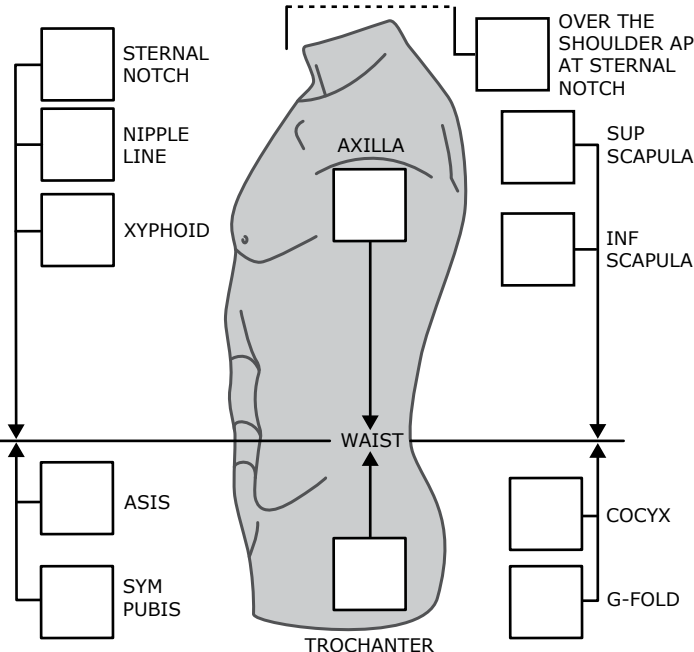
HFN: PHOENIX _____

MEASUREMENTS (REQUIRED)

CRITICAL TO QUALITY



ALL HEIGHT MEASUREMENTS TO BE TAKEN IN SUPINE



DESIGN

- 3D Standard (formerly Boston Style) Asymmetrical/Goss Style
- 3D Extreme (formerly Boston Extreme) Providence Style
- Day Pro Nocturnal Pro

Nocturnal Bending Brace (Use NBB form)

MEASUREMENT/INPUT [XRAY REQUIRED]

- Supine Standing / Scan Cast

CURVE TYPE APEX AND MAGNITUDE

- R L Thoracic _____ Apex _____ Mag _____
- R L Lumbar _____ Apex _____ Mag _____

MODIFICATIONS

Lordosis: 0° 10° 15° 20° _____°

Correction: Min Standard Aggressive

ABD Relief: N/A SM MD LG

Other Relief: _____

FINISH Transfer: None Design _____

- Unfinished Unlined
- Vent Holes Troch Extension
- PE Tongue Shoulder Strap
- Pad Kit Anterior Opening
- Compliance Monitor Other _____
- Outrigger

NOTES

TURNAROUND TIMES

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