

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: _____ **ELBOW UNIT:** _____

LAM./GLOVE COLOR: _____ **SHLDR UNIT:** _____

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: ANAHEIM KANSAS ORLANDO PHOENIX

PATIENT DESIGN OPTIONS COMPONENTS TO BE ORDERED BY: PCC HFN

INNER SOCKET

<p>STANDARD</p> <ul style="list-style-type: none"> Flexible socket 	<p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket (complete separate work order)
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SOCKET LAMINATION

<p>STANDARD</p> <ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at shoulder jt. 2 finishing layers 	<p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as fina <input type="checkbox"/> Corrugated
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FOREARM LAMINATION

<p>STANDARD</p> <ul style="list-style-type: none"> Forearm provided by manufacturer 	<p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laminated, 6 layers Nyglass <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Custom lamination over forearm supplied by vendor <input type="checkbox"/> Printed material as final
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HUMERAL LAMINATION

<p>STANDARD</p> <ul style="list-style-type: none"> Laminated, 6 layers Nyglass Carbon tape at humeral turntable 2 finishing layers Battery box/charge port 	<p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final <input type="checkbox"/> Battery located in forearm
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SHOULDER ALIGNMENT

<p>STANDARD</p> <ul style="list-style-type: none"> As marked on socket or follow test socket 	<p>OPTIONS</p> <p>Move Shoulder:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flex or <input type="checkbox"/> Ext _____° <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____° <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior by: _____ mm/□" <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral by: _____ mm/□" <input type="checkbox"/> Internal or <input type="checkbox"/> External rotate _____°
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HARNESS*

<p>STANDARD</p> <ul style="list-style-type: none"> Chest strap (clinician to provide fabrication instructions) <p>*Detail Harness needs or any other changes from the Standards listed.</p>	<p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fig. 8 with large NW ring <input type="checkbox"/> Change NW ring size: _____ <input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> TRS neoprene on axilla loop <input type="checkbox"/> Plastic covering on axilla loop <input type="checkbox"/> No harness requested
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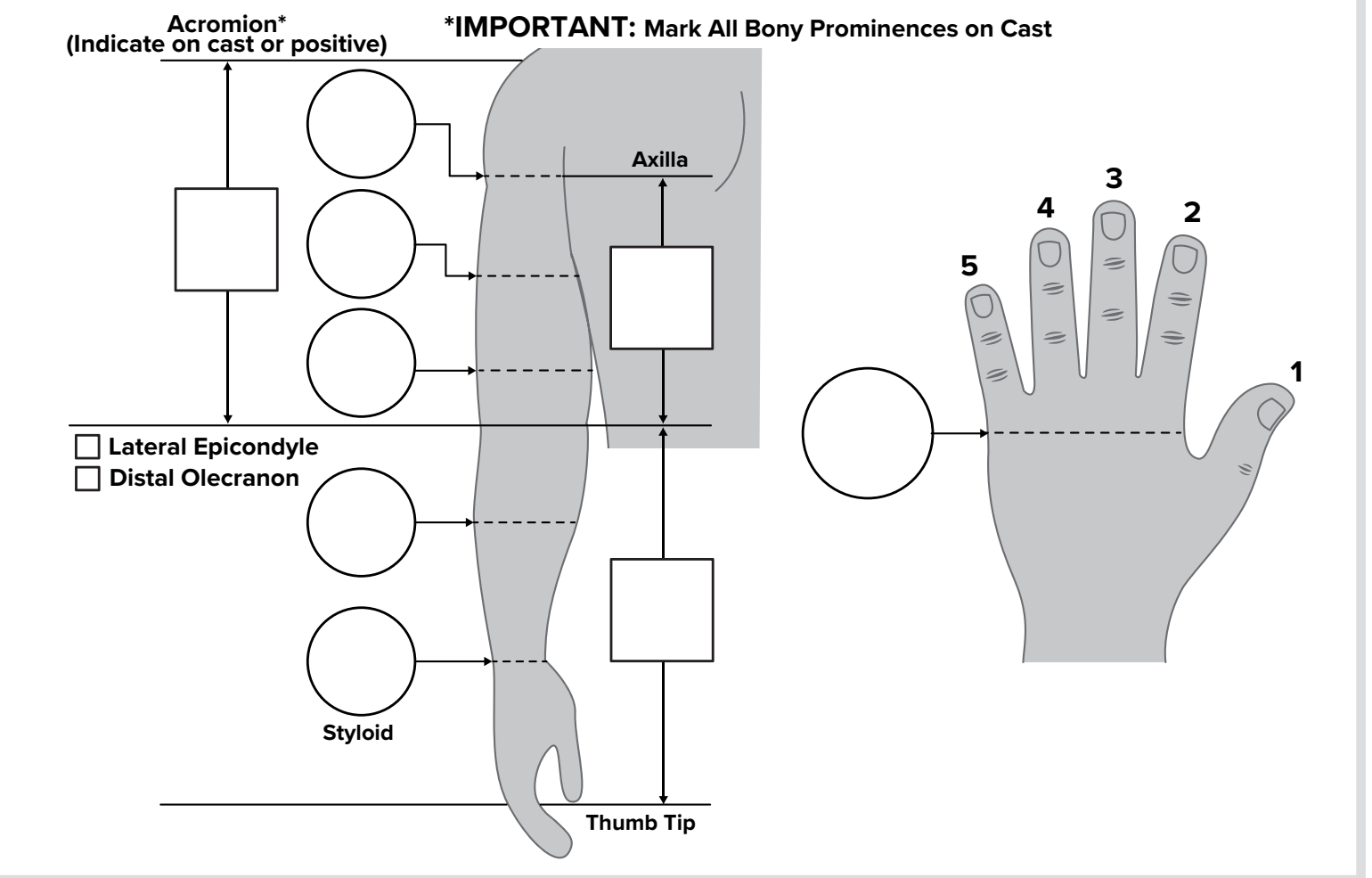
NOTES _____ (Indicate any additional design specifications and detail components drop shipped to the fab.)

CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTE TO CLINICIAN: It is strongly advised that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

PATIENT MEASUREMENTS Please complete all necessary measurements:



NOTES _____ (Indicate any additional design specifications and detail components drop shipped to the fab.) _____