

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

STANDARD

- Flexible socket

OPTIONS

- Laminated (4 Nyglass & Dacron inner) & removable
- Custom silicone socket (complete separate work order)

SOCKET LAMINATION

STANDARD

- Laminated, 6 layers Nyglass
- Carbon tape at shoulder jt.
- 2 finishing layers

OPTIONS

- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Printed material as final
- Corrugated

FOREARM LAMINATION

STANDARD

- Forearm provided by manufacturer

OPTIONS

- Laminated, 6 layers Nyglass
- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Custom lamination over forearm supplied by vendor
- Printed material as final

HUMERAL LAMINATION

STANDARD

- Laminated, 6 layers Nyglass
- Carbon tape at humeral turntable
- 2 finishing layers
- Battery box/charge port

OPTIONS

- Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- Carbon tape throughout
- Printed material as final
- Oval hole in posterior for E-Series elbows
- Battery located in forearm

SHOULDER ALIGNMENT

STANDARD

- As marked on socket or follow test socket

OPTIONS

- Move Shoulder:
- Flex or Ext _____°
 - AB or AD duct _____°
 - Anterior or Posterior by: _____ mm/"
 - Medial or Lateral by: _____ mm/"
 - Internal or External rotate _____°

HARNES*

STANDARD

- Chest strap (clinician to provide fabrication instructions)

OPTIONS

- Fig. 8 with large NW ring
- Change NW ring size: _____
- Dual NW ring
- BAHA
- Silicone axilla (Hosmer)
- TRS neoprene on axilla loop
- Plastic covering on axilla loop
- No harness requested
- Add Fig. 9 for control

CABLING*

STANDARD

- Spectra with Teflon
- Hanger attached
- TRS ferrule in housing
- Plastic covering over housing
- Leather lift assist or directly to forearm (OB)

OPTIONS

- Hosmer metal ferrule
- HD Steel cable
- Standard cable w/Teflon
- Standard cable w/o Teflon
- No covering over housing
- Hanger NOT attached
- No cabling requested
- Change lift assist to: _____

ELBOW

OPTIONS

- Lamination over elbow ball to match forearm
- Lift assist for E-Series
- AFB for non-Ergo arm

***Detail Harness and Cabling needs and operation of device on the next page.**

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

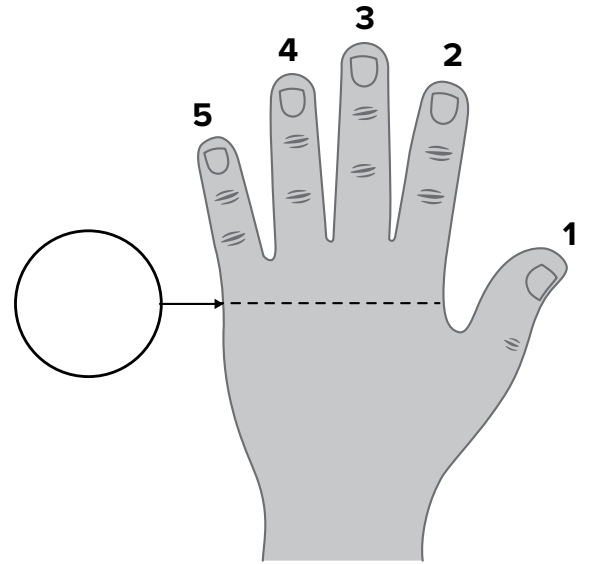
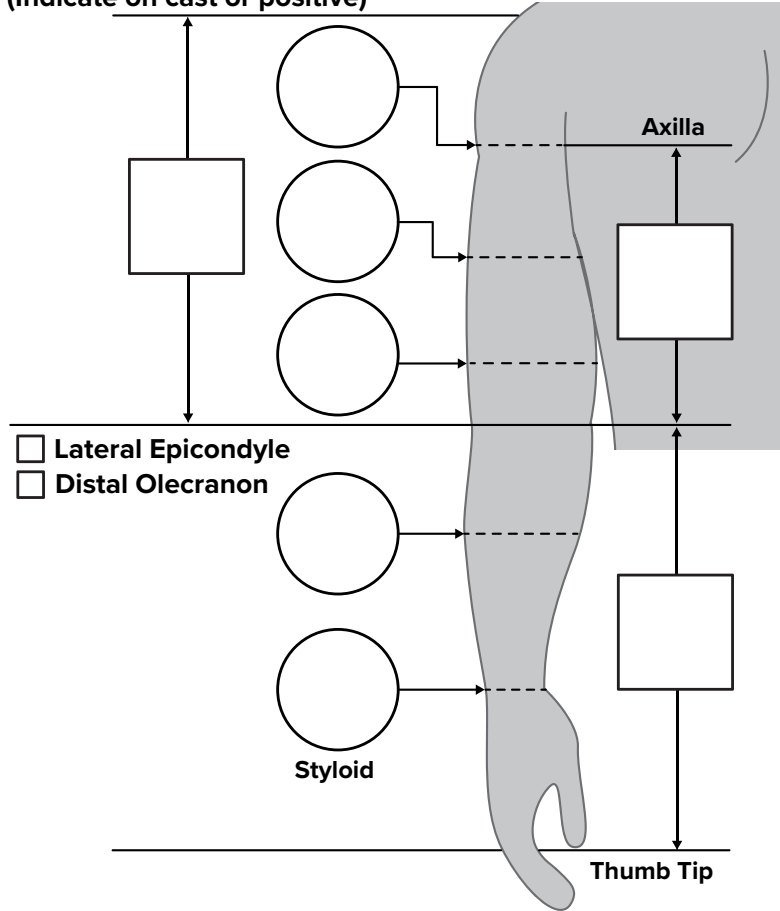
CLINICIAN: _____ PATIENT ID: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

PATIENT MEASUREMENTS Please complete all necessary measurements:

Acromion*
(Indicate on cast or positive)

***IMPORTANT: Mark All Bony Prominences on Cast**



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