

**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  ORLANDO  PHOENIX

**PATIENT DESIGN OPTIONS**

COMPONENTS TO BE ORDERED BY:  PCC  HFN

**LEVEL**  
 PH  WD  TR  ED  TH  SD  
 Other \_\_\_\_\_

**SYSTEM TYPE**  
 Passive  Body Powered  External Powered

**SOCKET**  
 Test Socket  Definitive

**COLOR**  
 Custom Color \_\_\_\_\_  
 Match Lamination or Glove:  
 Otto Bock # \_\_\_\_\_ Fillauer # \_\_\_\_\_  
 Steeper # \_\_\_\_\_ Regal # \_\_\_\_\_  
 Other \_\_\_\_\_

**ANCHORS**  
 No  Yes Qty \_\_\_\_\_

**DESIGN VARIATIONS**  
 3/4 Noodle  Prepreg Carbon  
 Internal Flap/Ring  Fiberglass Frame  
 Pull Tube  Vivak Frame  
 Gel Pads  Valve, Type \_\_\_\_\_

**ADDITIONS**  
 Axilla Pad  
 Chest Pad \_\_\_\_\_  
 Shoulder Saddle \_\_\_\_\_

**NOTES**