

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

ENCOUNTER #: _____

MEASUREMENT DATE: _____

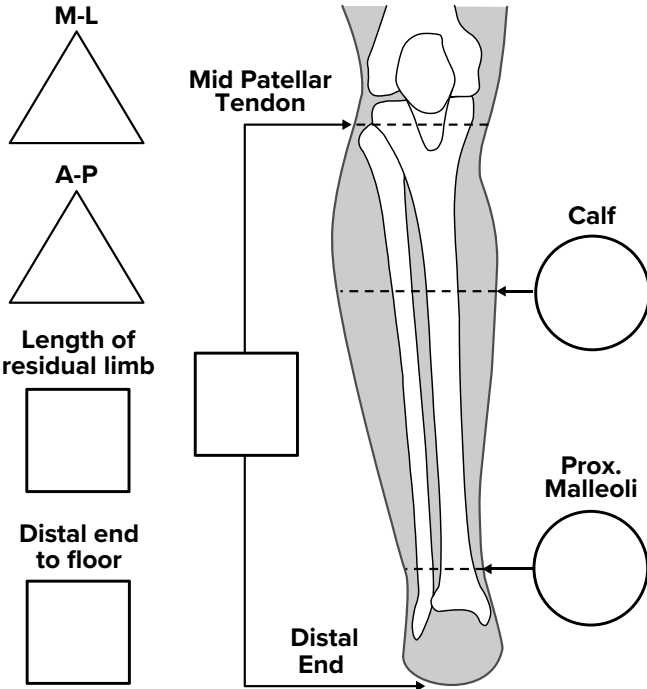
IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO CROMWELL CHICAGO HOUSTON OTHER _____

If a Discrepancy Exists, Go By: Impression Measurements **Units of Measure:** Millimeters Inches

MEASUREMENTS (REQUIRED)

Activity Level: K1 K2 K3 K4



Residual Limb Circumferences: Skin Liner

0" _____ 2" _____ 4" _____ 6" _____

8" _____ 10" _____ 12" _____ 14" _____

16" _____ 18" _____ 20" _____

Liner: Type _____ Size _____

Measured with Distraction: Yes No

Tissue Type: Soft Medium Firm

COVER MEASUREMENTS (Contralateral Limb)

Foot Length: _____ **Toe Out:** _____

DESIGN

Types of Socket

Symes Check Socket Lam Socket Epox-Acryl

Liners

Pelite Multi-Durometer Thermoflex Polyethylene

Adds

One Shot Lamination Heavy Duty Carbon

Expandable RTV Window (straps included)

Posterior Door (straps included)

Distal End Pad

Silicone Plastazote

Stove Pipe Leather Covering

Options

Overlap Window (straps included) Window (no panel or straps)

Adjustable Reel Closure (include location in notes)

Finish

Soft Foam Cover Pedilen Foam Shape

Finish Laminate Epox-Acryl

Types of Socket

Socket Attachment _____ **Alignment*** Flexion _____

Component _____ Abduction _____

Foot Plate _____ Adduction _____

Foot/Style/Size _____ ***PLEASE DRAW ALIGNMENT LINES ON THE CAST**

Heel Height _____

NOTES