

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 #: _____

PATIENT ID: _____

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

MALE FEMALE

DIAGNOSIS: _____

ENCOUNTER #: _____

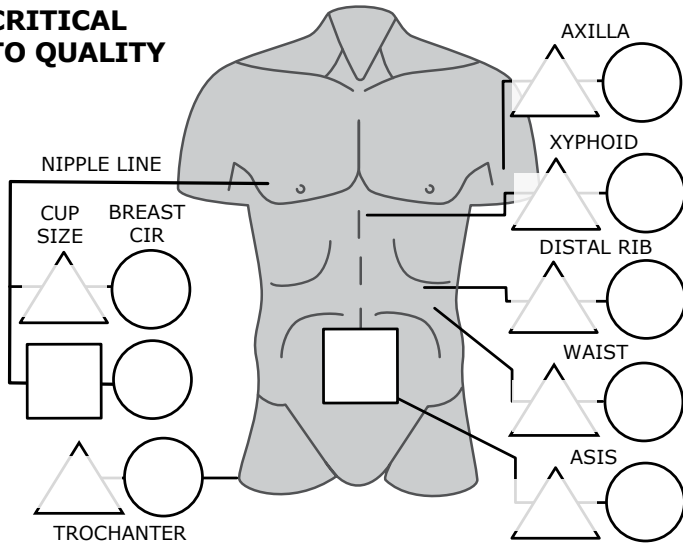
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

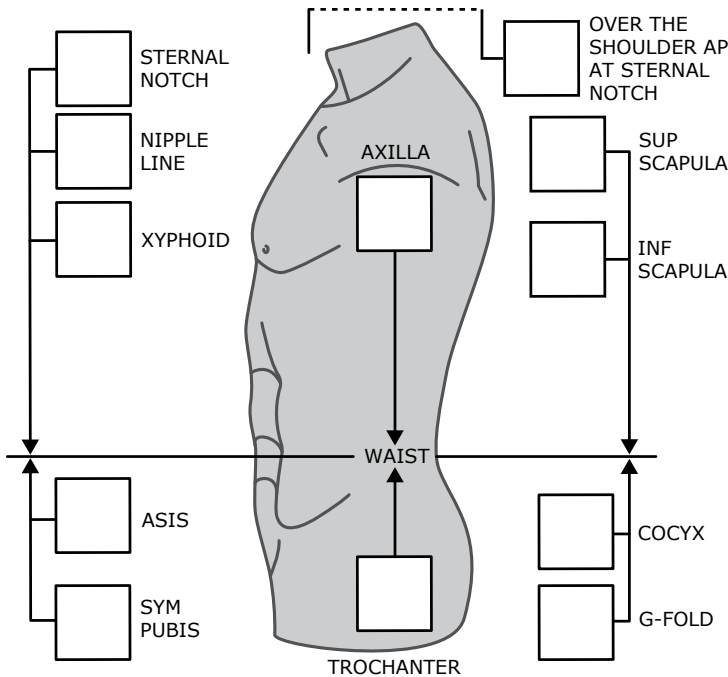
HFN: PHOENIX _____

MEASUREMENTS

CRITICAL TO QUALITY



NOTE: TAKE HEIGHT MEASUREMENTS IN SUPINE



DESIGN

LSO TLSO

Ant Opening

Pos Opening

Bivalve

Overlap

Smooth Overlap

Other _____

FLEX FRAME - TRIM VARIATIONS

Bivalve Openings F1 F2 F3 F4

Bivalve Frame Trims 01 02 03 04 05

Single Frame Trims F5 F6 F7

MEASUREMENT/INPUT

Supine Standing / Scan Measurement Cast

MODIFICATIONS

Lordosis: 0° 10° 15° 20° _____°

Relief

Abdominal: N/A SM MD LG

Spinal: N/A Y Paraspinal: N/A Y

Other _____

MATERIAL

Plastic	Thickness	Padding	Thickness
<input type="checkbox"/> MPE	<input type="checkbox"/> 5/32"	<input type="checkbox"/> Aliplast	<input type="checkbox"/> 5/32"
<input type="checkbox"/> Copoly	<input type="checkbox"/> 3/16"	<input type="checkbox"/> Plastazote	<input type="checkbox"/> 3/16"
<input type="checkbox"/> Polyeth	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Pelite	<input type="checkbox"/> 1/4"
	<input type="checkbox"/> 1/8"	<input type="checkbox"/> Other _____	<input type="checkbox"/> 1/8"

FINISH

Unfinished

Transfer: Design _____

T Bar

Unlined

Shoulder Straps

Straps Unattached

PE Tongue

Lehrman Ext

Crest Pads

Vent Holes

Other _____

NOTES

TURNAROUND TIMES

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