

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: _____

LAM./GLOVE COLOR: _____

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: ANAHEIM KANSAS ORLANDO PHOENIX

PATIENT DESIGN OPTIONS COMPONENTS TO BE ORDERED BY: PCC HFN

SOCKET

STANDARD

- Laminated w/forearm, 4 layers Nyglass
- 1/2 oz. Dacron inner layer

OPTIONS

- Laminated & removable
- Flexible socket
- Lamination over socket
- Custom silicone socket (complete separate work order)

FRAME LAMINATION

STANDARD

- Laminated, 6 layers Nyglass
- Carbon tape at wrist
- 2 finishing layers

OPTIONS

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

ALIGNMENT

STANDARD

- Wrist at midline
- Wrist at perpendicular to forearm axis

OPTIONS (changes from test fit)

- Elbow Extend _____°
- Radial Ulnar Dev. _____°
- Other: _____

CABLING*

STANDARD

- Spectra with Teflon
- Ball terminal & hanger attached
- TRS ferrule in housing
- Plastic covering over housing

OPTIONS

- Hosmer metal ferrule
- HD Steel cable
- Standard cable w/Teflon
- Standard cable w/o Teflon
- Hook to hand cable
- No covering over housing
- Hanger NOT attached
- No cabling requested

HARNESS*

STANDARD

- Fig. 8 with Large NW ring
- 3 Four-Bar buckles
- Plastic covering on axilla loop

OPTIONS

- Dual NW ring
- BAHA
- Silicone axilla (Hosmer)
- No harness requested
- Change NW ring size: _____
- Figure-9 Harness
- Elf Strap

TRICEPS CUFF

STANDARD

- Leather w/backing
- 4.5" long, 5 3/4" wide
- Nickel rivets
- Hinges riveted to cuff
- Inverted Y attached to buckles

OPTIONS

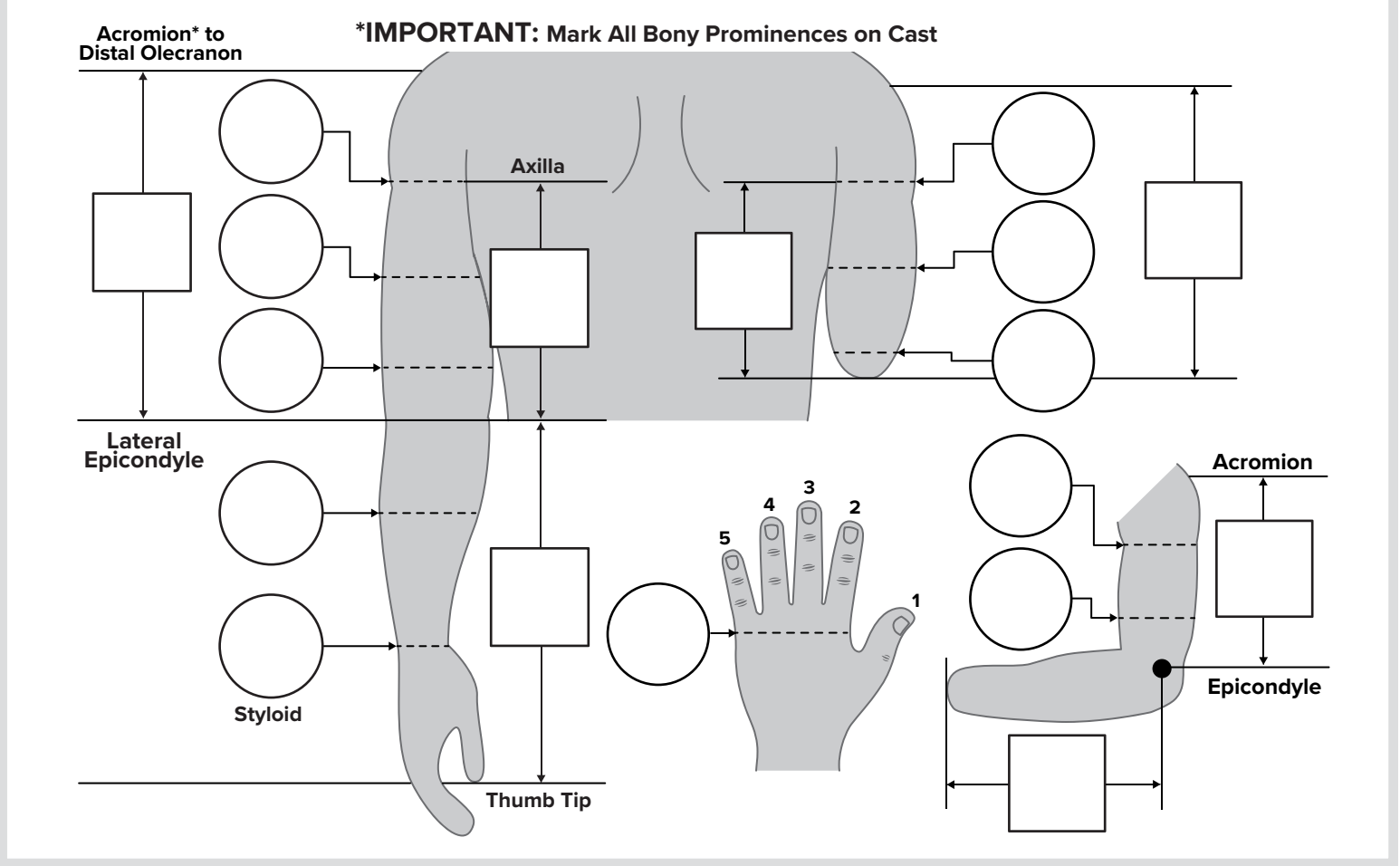
- Change material: _____
- Change size (notes box)
- Copper rivets
- Hinges attached to buckles
- Clinician to fabricate
- Hide rivets between leather & backing

***Detail Harness and Cabling needs and operation of device in notes section below and any other changes from the Standards listed above:** _____

CLINICIAN: _____ PATIENT ID/NAME: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

PATIENT MEASUREMENTS Please complete all necessary measurements:



NOTES _____