

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

- Flexible socket
- Pull tube (medial)

OPTIONS

- Custom silicone socket (complete separate work order)
- Lamination over socket
- Laminated & removable
- Pull tube located: _____
- Growth layers of pediatric

FRAME LAMINATION

STANDARD

- Laminated, 6 layers Nyglass
- Carbon tape at wrist
- 2 finishing layers
- Battery box/charger located medial
- QD wrist

OPTIONS

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

ALIGNMENT

STANDARD

- Wrist at midline
- Wrist at perpendicular to forearm axis

OPTIONS (changes from test fit)

- Flex Extend _____°
- Radial Ulnar Deviation _____°
- Other: _____

LENGTH

- No changes needed to length
- Change length from test fitting by _____
- Lengthen Shorten _____ in/ mm

(The difference between this and the measurement from the trial fit MUST equal the length measurement provided above!)

Detail any other changes from the Standards listed above: _____

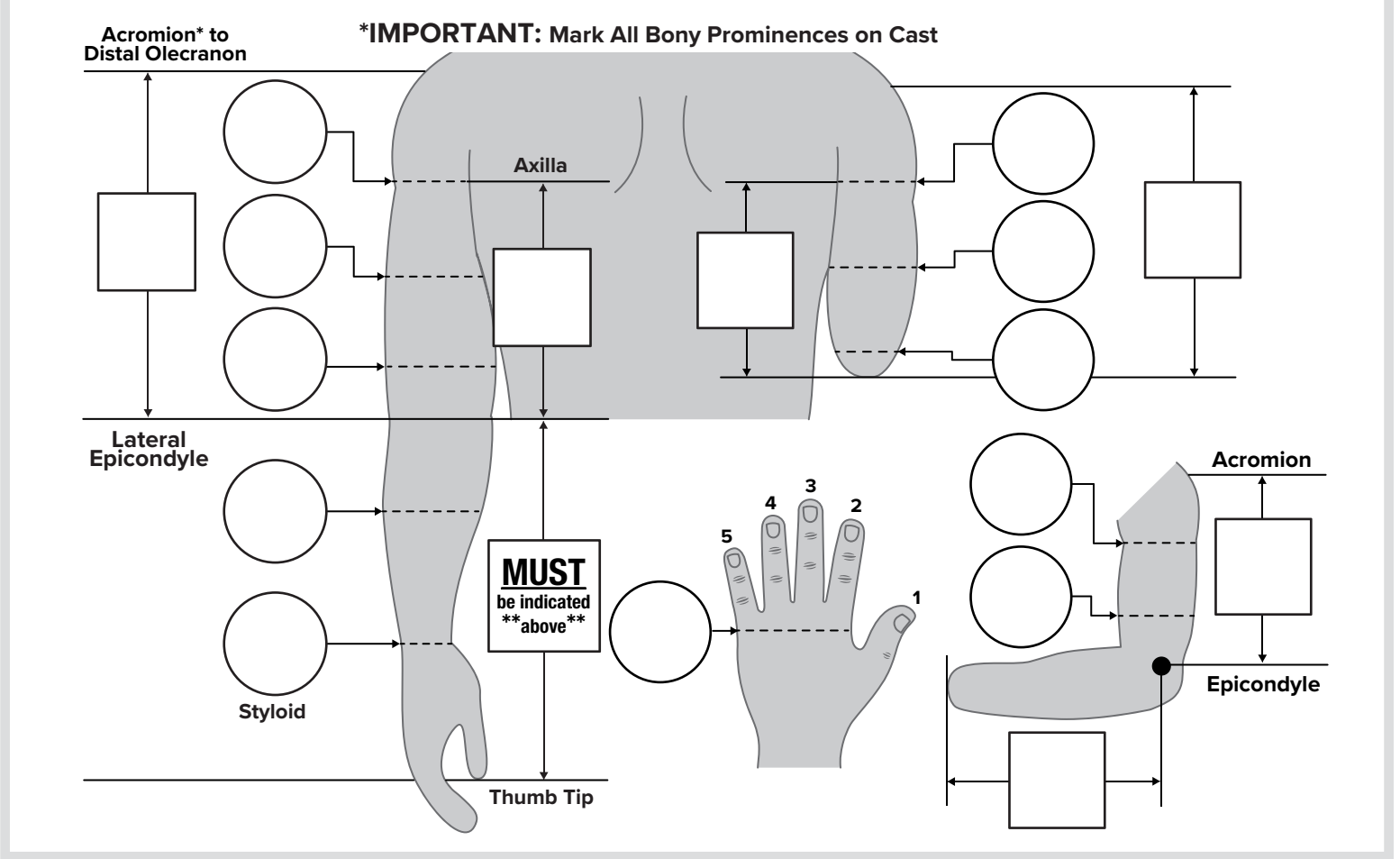
CLINICIAN: _____ PATIENT ID/NAME: _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

NOTE TO CLINICIAN: It is strongly advised that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

****REQUIRED:** Length measurement needed: _____ in/ mm
Measurement from: Lateral Epicondyle Olecranon Reference point drawn in socket
Measurement to: Thumb tip (hand closed, thumb in lateral/key grip-side of index finger) End of hook End of wrist

PATIENT MEASUREMENTS Please complete all necessary measurements:



NOTES _____
