

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

NG ENCOUNTER #: \_\_\_\_\_

MEASUREMENT DATE: \_\_\_\_\_

IN-OFFICE REQUEST DATE & TIME: \_\_\_\_\_

HFN:  PHOENIX  ORLANDO  KANSAS  CHICAGO  ANAHEIM  HOUSTON  CROMWELL  OTHER \_\_\_\_\_

### MEASUREMENTS (REQUIRED)

DESIRED BRIM STYLE \*Suction (Seal-In) Available

2020 Carroll Quad  2020 ComfortFlex\*  2020 ComfortFlex Mature\*

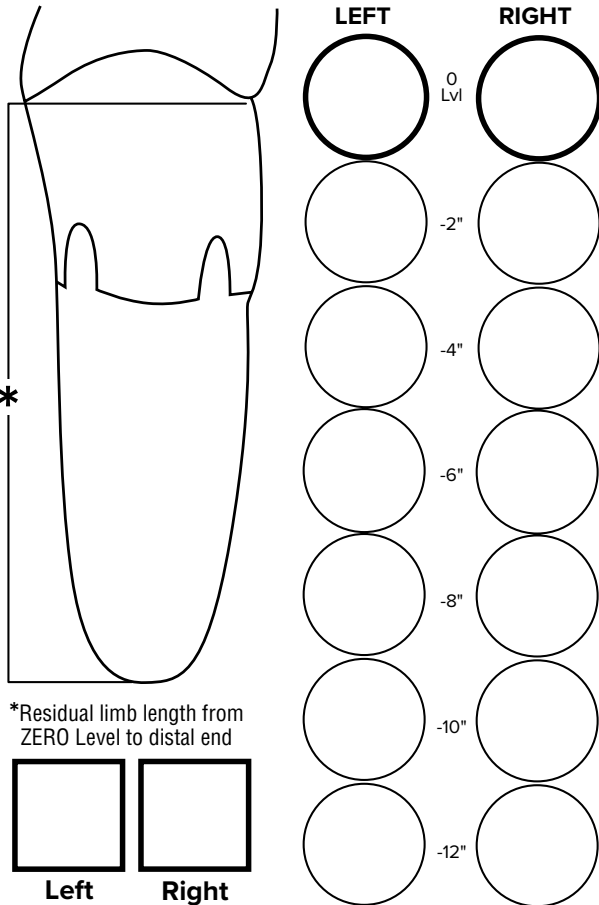
2020 IPOC IC\*  2020 Narrow ML\*  2020 Soft Quad\*  CNC

Mild IPOS IC\*  Modified Quad  Other Brim \_\_\_\_\_

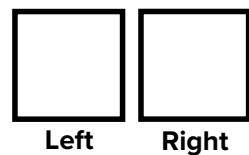
Suction (Seal-In) Design (Check if Ordering)

Zero Reference Point –  Perineum†  Ischium **† Perineum must be used for all 2020 brimstyles**

MEASUREMENTS:  IN  CM



\*Residual limb length from ZERO Level to distal end



ADDITIONAL LENGTH: Left \_\_\_\_\_ Right \_\_\_\_\_

KNEE DISARTICULATION:  Left  Right

#### ALIGNMENT

Flexion \_\_\_\_\_ Adduction \_\_\_\_\_ Abduction \_\_\_\_\_

### DESIGN

#### ACTIVITY LEVEL

K1  K2  K3  K4

#### SCAN TYPE

Direct Patient (preferred)  By Measurement Only

Modified Positive Model  Unmodified Positive Model

Split/Inside Cast  Outside Cast

Clinician Premodified

Use Previous Model > Provide Date or CDC Order# \_\_\_\_\_

#### LINER SCANNED/MEASURED OVER

Skin  Liner Type \_\_\_\_\_

TISSUE TYPE:  Firm  Medium  Soft

#### REDUCTIONS

CDC Standard Reduction (based on liner/tissue type)

Volume Reduction / Equivalent Circ. Reduction

<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> 3%	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 6%	<input type="checkbox"/> 7%	<input type="checkbox"/> 8%
	0.5%	1.0%	1.5%	2.0%	2.5%	3.0%	3.6%	4.1%

### FABRICATION

#### DEVICE TYPE

Carving Only  File Conversion

Check Socket Only  Check Socket & Carving

MATERIAL TYPE:  Vivak  Durplex  Other \_\_\_\_\_

#### SHAPE DISTAL END TO ACCEPT

Endolite  USMC  Otto Bock 4 Hole  Grace Plate/Seattle 4 Hole

Other \_\_\_\_\_

#### INSTALLS

Valve Type \_\_\_\_\_

Distal Attachment Type \_\_\_\_\_

Shuttle Lock Type \_\_\_\_\_

#### NOTES