

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:** _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):

LEFT RIGHT or BILATERAL

NG ENCOUNTER #: _____

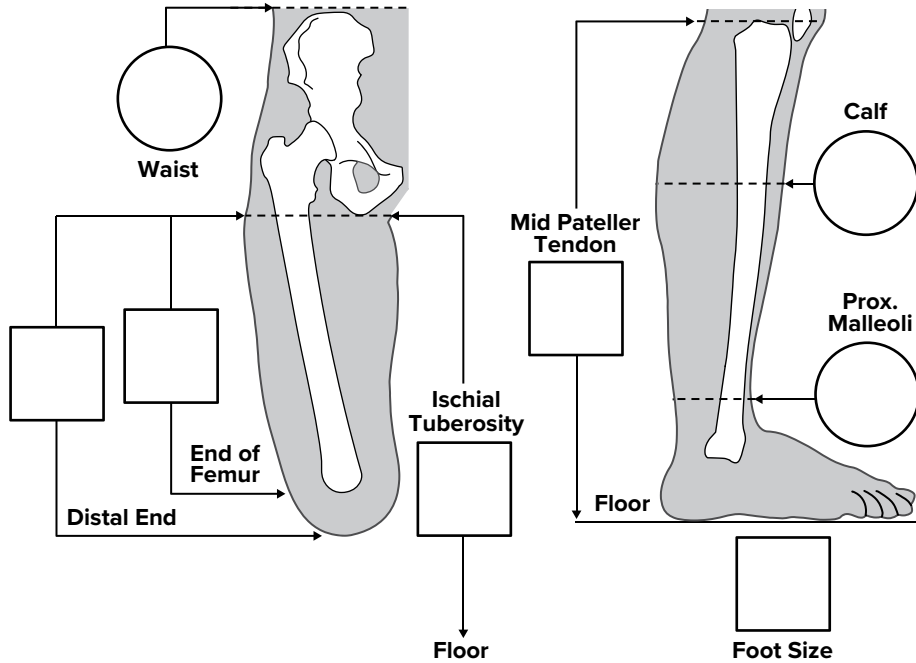
MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

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

PATIENT MEASUREMENT REQUIREMENTS



Activity Level: K1 K2 K3 K4

RESIDUAL LIMB CIRCUMFERENCES

Skin Liner Thickness

MPT	_____	1" _____	2" _____
	3" _____	4" _____	5" _____
	6" _____	7" _____	8" _____
	9" _____	10" _____	11" _____

Liner: Type _____ Size _____

Sleeve: Type _____ Size _____

Measured with Distraction: Yes No

Tissue Type: Soft Medium Firm

ISCHIAL LEVEL MEASUREMENTS

Skeletal ML _____ Soft ML _____

Medial AP _____ Lateral AP _____

COVER MEASUREMENTS (Contralateral Limb)

AP _____ ML _____ PML _____

NOTES _____

CLINICIAN: _____ **PATIENT ID:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

DESIGN

Submitted Model: Check Socket (Needs Modification Prior to Finishing)
 Check Socket (Complete and Ready for Finishing)
 Flexible Inner Socket with Temporary Frame
 Modified Cast Laminated Socket (Ready for Finishing)

Procedures: Transfer Neutralize Components (Except For Distal AP)
 Provide an Additional Check Socket Flexible Inner Socket
 Other _____

More Procedures: Temporary Frame First Lamination
 Complete Lamination Re-use Existing Components
 Cover and Finishing Other _____

SOCKET

Check Socket Plastic: Vivak (PETG) Thermolyn (Polystyrene)
 Copolymer N/A Other _____

Vacuum Forming Method: Blister Drape

Check Socket Plastic Thickness: 1/8" 1/4" 1/2" 3/16"
 3/8" Other _____

Flexible Inner Plastic: MPE Northvane Northvane Black
 Proflex Proflex w/Silicone N/A Other _____

Vacuum Forming Method: Blister Drape

Flexible Inner Plastic Thickness: 1/8" 1/4" 1/2" 3/16"
 3/8" Other _____

Posterior Dacron Strip: Yes No

INSERT

Custom Insert Material: Bocklite Pelite N/A
 Other _____

Add Ons: Stove Pipe Pull Straps N/A
 Other _____

End Pad Material: Plastazote Aliplast N/A
 Other _____

SUSPENSION

Shuttle Lock: Cylindrical 4-Hole Original Fillauer Coyote
 Clutch Lock N/A Other _____

Suction Valve: Green Dot Lyn Valve Lyn Slide N/A
 Other _____

Elevated Vacuum: Unity Vlave 90° Barb N/A
 Other _____

NOTES _____

SUSPENSION (cont.)

Lanyard: Pull Strap Kiss Puck (4-Hole) Kiss Puck (non 4-Hole)
 Nylon Tension Buckle Metal Cam Buckle Metal Rod Distally
 Other _____

Suspension: Silesian Belt Pelvic Belt Hip Joint
 Other _____

COMPONENTS

Support Structure: Endoskeletal Exoskeletal N/A

Componentry: Temporary Definitive N/A

Comp. Material: Aluminum Stainless Steel Titanium N/A

Pylon Diameter: 34 mm 30 mm 22 mm N/A

Knee Type: _____ **Foot Type:** _____

Other Components: _____

Attachment Shape: Male Female N/A

Attachment Rotation: Fixed Rotating N/A

FINISHING

Resin: Polyester Epoxy Acrylic N/A Other _____

Ultralight Weight Design: Yes No

Lamination Color

Ottobock (1-18) _____ Prosthetic Research Specialists (1-18) _____

Kingsley _____

Frame Options

Anterior Window Posterior Window with Proximal Dacron Strip

Trimmed 1 cm Below Flexible Socket's Proximal Trim

Socket Left Solid – Practitioner Will Frame Out

Flexible Socket Left Long – Practitioner Will Trim

Flexible Socket Rolled Over Frame Proximally

Flexible Socket Trimmed to Trimlines Other _____

SETUP/ALIGNMENT

Cover: Bock Soft Bock Firm Ohio Willow Wood (OWW) N/A

Other _____

Fairing: Lam. Shell Poly. Shell Stock. Reinforcement N/A

Other _____

Cover Process: Rough Shape (25 mm/1" Over Measurements)

Shape to Measurements Shape to Scan Other _____

Cover Finish: Apply Nylons Apply Flexible Outer Covering

Adhere & Trim Flexible Outer Covering Other _____

TURNAROUND TIMES