

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: SYMMETRICAL YES NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS CHICAGO ANAHEIM HOUSTON CROMWELL OTHER _____

CAD MEASUREMENTS

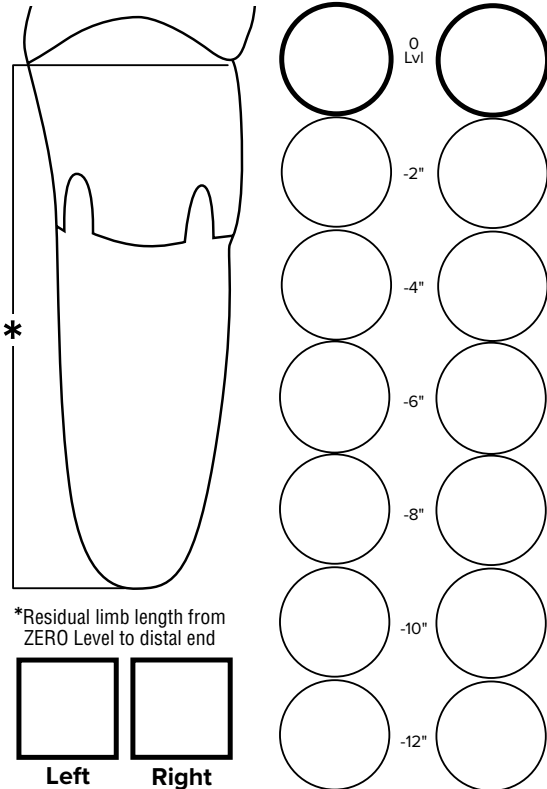
If a Discrepancy Exists, Go By Impression Measurements

1. Always scan/cast & measure over the liner you are fitting with. 2. Anatomical landmarks of MPT, Fibular Head, & Distal Tibia must be located on the scan/cast.

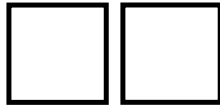
MEASUREMENTS: IN CM

LEFT

RIGHT



*Residual limb length from ZERO Level to distal end



Left Right

SCAN TYPE: Mod. Positive Model Unmod. Positive Model

Other _____

Clinician Premodified

Use Previous Model > Provide Date or CDC Order # _____

REDUCTIONS

CDC Standard Reduction (based on liner/tissue type)

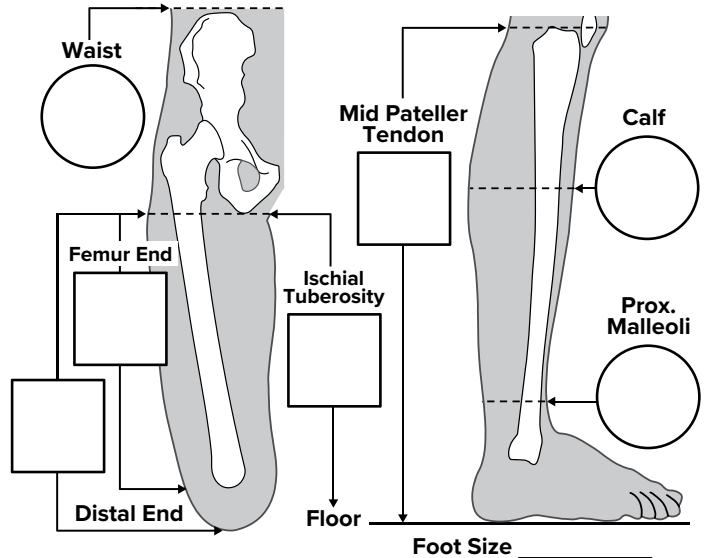
Volume Reduction/Equivalent Circ. Reduction

0% 1% 2% 3% 4% 5% 6% 7% 8%
0.5% 1.0% 1.5% 2.0% 2.5% 3.0% 3.6% 4.1%

ALIGNMENT

Flexion _____ Adduction _____ Abduction _____

FAB DESIGN



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 _____

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

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 Valve 90 Degree Barb N/A

- Other _____

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 _____

NOTES

COMPONENTS

Support Structure

- Endoskeletal Exoskeletal N/A

Componentry

- Temporary Definitive N/A

Component Material

- Aluminum Stainless Steel Titanium N/A

Pylon Diameter

- 34 mm 30 mm 22 mm N/A

Knee Type: _____ Foot Type: _____

Other Components: _____

Attachement Shape: Male Female N/A

Attachement 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 and Trim Flexible Outer Covering

- Other _____

TURNAROUND TIMES