

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: _____

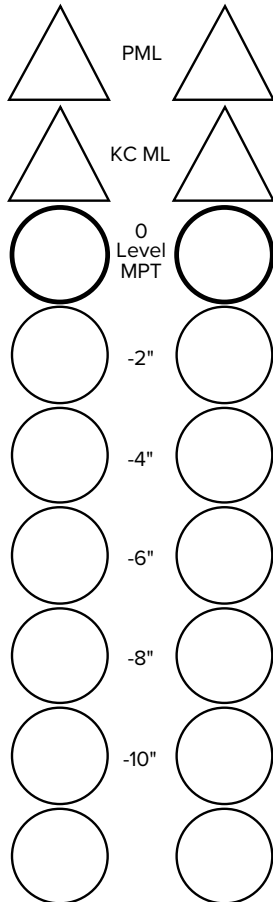
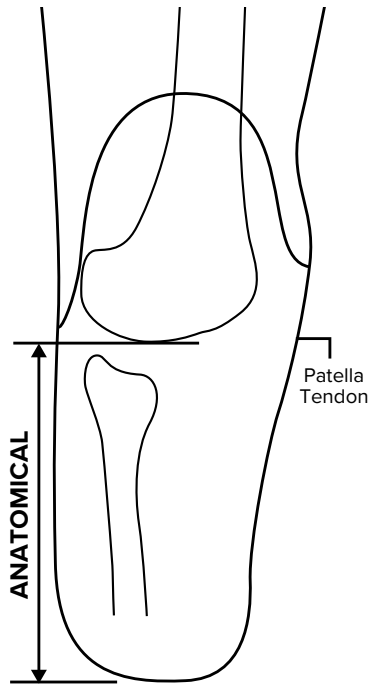
HFN: PHOENIX ORLANDO KANSAS CHICAGO ANAHEIM HOUSTON CROMWELL OTHER _____

MEASUREMENTS REQUIRED

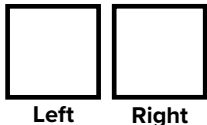
1. Always scan/cast & measure over the liner you are fitting with. 2. Anatomical landmarks of MPT, Fibular Head, & Distal Tibia must be located on the scan/cast.

MEASUREMENTS: IN CM

LEFT RIGHT



Residual limb length from mid patella tendon to distal end



NOTES _____

DESIGN

ACTIVITY LEVEL: K1 K2 K3 K4

SCAN TYPE: Direct Patient Unmodified Positive Model Modified Positive Model Split/Inside Cast Outside Cast

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

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%

MODIFICATION TYPE

TSB PTB PTBSC Vac Pin Hybrid

Suction Vacuum Type _____

Clinician Premodified

Use Previous Model > Provide Date or CDC Order # _____

POSTERIOR SHELF: None W Back Straight Diagonal

FABRICATION

DEVICE TYPE

Carving Only Check Socket Only Check Socket & Carving

MATERIAL TYPE: Vivak (PETG) Copolymer

Orfitrans Stiff Other _____

LOCKS

N/A Cylindrical Kiss Plate Coyote Summit

Fillauer Original Shuttle (w/plate) Other _____

Vacuum Forming Method: Blister Drape

Non-Standard Options: V-Pin Polypro Socket

VALVES

CA200-AVP VIP 90 Degree Barb Other _____

Valve Install Location

Posterior Medial Lateral Other (specify) _____

COMPONENTS

External Socket Attachment

700-250 Grey Block CA400-LP 3-Prong Rotatable Pyramid

4-Prong Male 3-Prong Rotatable Receiver Ossur Plate

Other _____

Alignment of Plate

Neutral Zero-All Planes Other _____