

**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: SYMMETRICAL  YES  NO

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

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

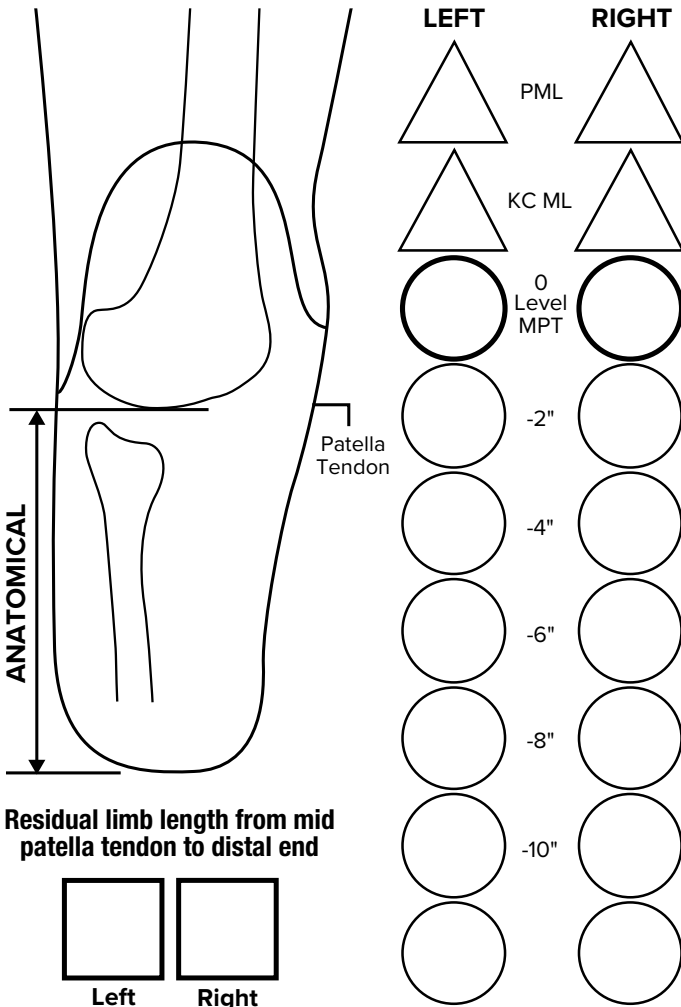
**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

**HFN:**  PHOENIX  ORLANDO  KANSAS  CHICAGO  OTHER \_\_\_\_\_

**CAD MEASUREMENTS (REQUIRED)**

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

**MEASUREMENTS:**  IN  CM



**CAD 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

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%

**MODIFICATION TYPE**

TSB  PTB  PTBSC  Vac Pin  Hybrid

Suction  Vacuum Type \_\_\_\_\_

Clinician Premodified

**POSTERIOR SHELF**

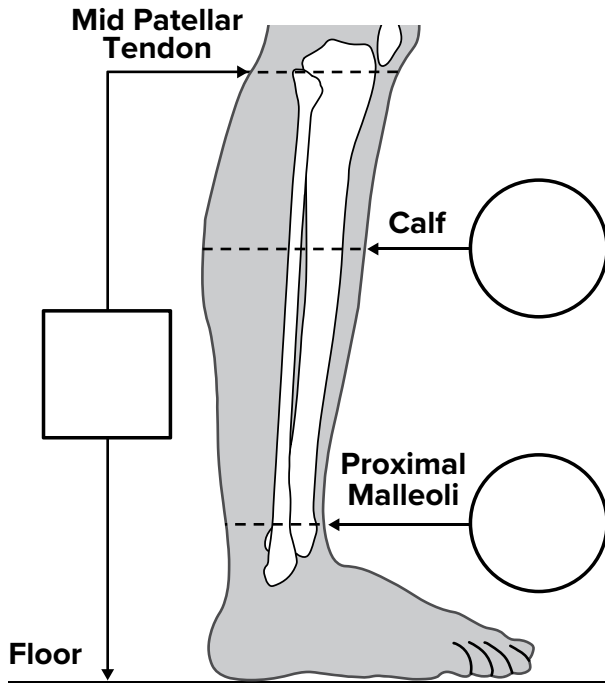
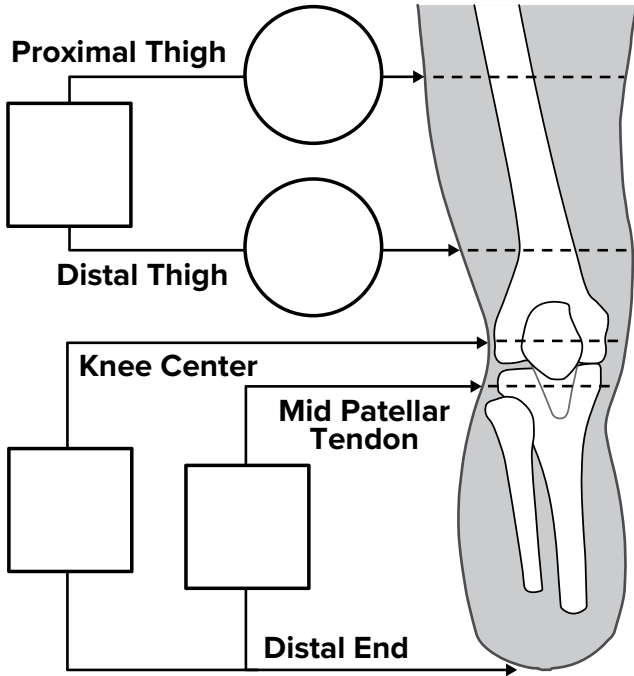
None  W Back  Straight  Diagonal

**CAD NOTES**

CLINICIAN: \_\_\_\_\_ PATIENT ID/NAME: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  CELL  TEXT  EMAIL  MICROSOFT TEAMS \_\_\_\_\_

**FAB MEASUREMENTS (REQUIRED)**



**FAB DESIGN**

**DEFINITIVE SOCKET INSERT/LINER**

Custom Socket Insert:  N/A  
 Bocklite  Pelite  Multidiameter  Other \_\_\_\_\_

Flexible Inner Plastic:  N/A  
 MPE  Northvane  Proflex  Duraflex  Other \_\_\_\_\_

Add Ons:  N/A  
 Stove Pipe  Pull Straps  Supracondylar Wedge  
 Other \_\_\_\_\_

Distal End Pad Material:  N/A  
 Plastazote  Aliplast  Other \_\_\_\_\_

Vacuum Forming Method:  Blister  Drape

Flexible Inner Plastic Thickness  
 1/8"  3/16"  1/4"  Other \_\_\_\_\_

LAMINATION:  Single  Double >  V1  V2  V3  
 Carbon Finish  Pig./Fabric Finish Supplier/Color \_\_\_\_\_ / \_\_\_\_\_

ALIGNMENT:  Transfer Alignment and Neutral Components  
 Transfer & Leave AS IS  Correct & Follow Alignment Lines  
 Correct by:

Flex \_\_\_\_\_  Adduct \_\_\_\_\_  Inset Socket \_\_\_\_\_  
 Extend \_\_\_\_\_  Abduct \_\_\_\_\_  Outset Socket \_\_\_\_\_

LOCKS:  N/A  Cylindrical  Kiss Plate  Coyote  
 Fillauer Original Shuttle (w/plate)  Summit  Other \_\_\_\_\_

ELEVATED VACUUM:  N/A  
 Unity Valve  90 Degree Barb  Other \_\_\_\_\_

VALVES:  N/A  CA200-AVP  VIP  90 Degree Barb  
 Other \_\_\_\_\_

Valve Install Location  
 Posterior  Medial  Lateral  Other (specify) \_\_\_\_\_

Suspension:  N/A  
 Cuff Strap  Fork Strap  Waist Belt  Other \_\_\_\_\_

Thigh Corset:  N/A  
 Rough Corset  Finish Corset  Install Joints Type: \_\_\_\_\_  
 Install Joint Covers  Tracing Included

COMPONENTS: External Socket Attachment  N/A  
 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  Sagittal \_\_\_\_\_  Coronal \_\_\_\_\_

AESTHETIC FINISH:  Foam Cover  Pigmented Hose  
 Skin  Spray Skin - PRS Color # \_\_\_\_\_  
 Mirror Image Cosmetic Cover

**FAB NOTES**

\_\_\_\_\_