

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

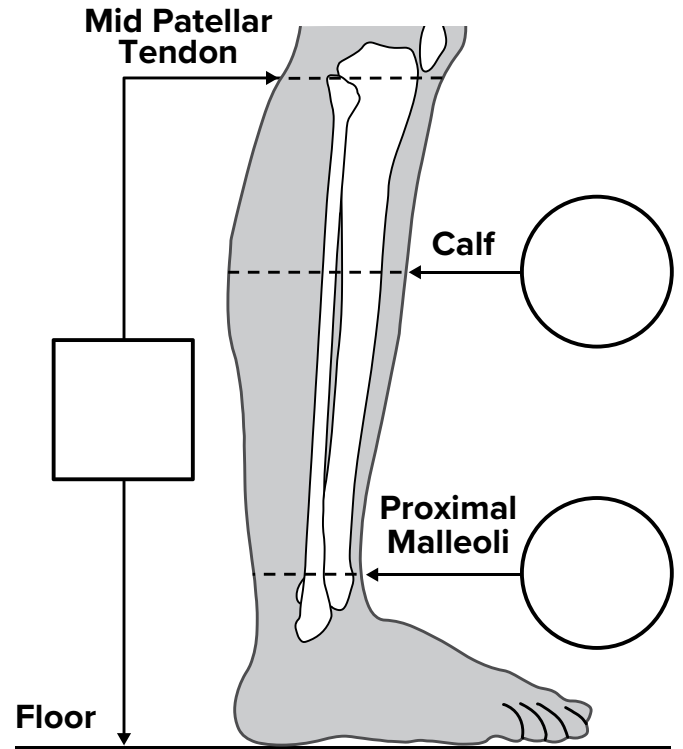
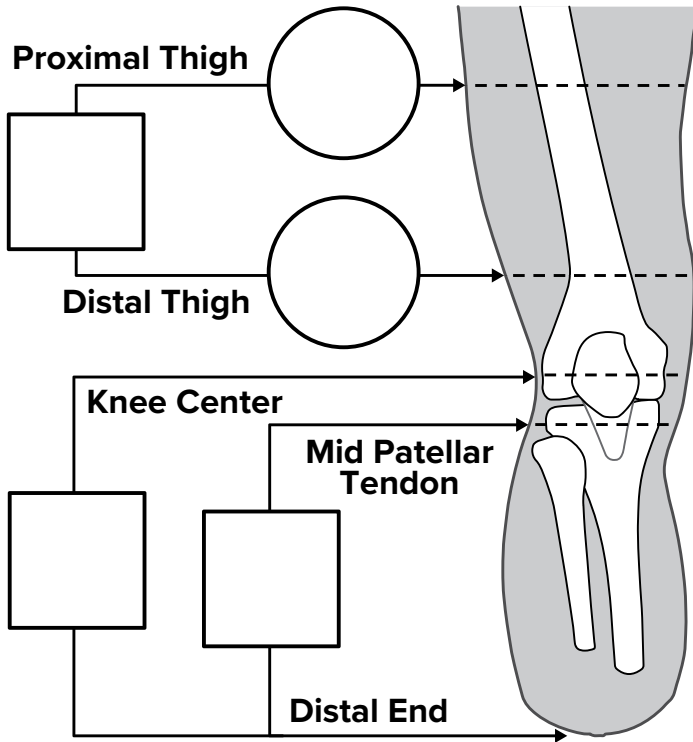
NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

ACTIVITY LEVEL: K1 K2 K3 K4



NOTES _____

SCAN INPUT REQUIREMENTS

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

MEASUREMENTS Average Cast Thickness _____ mm
Always scan/cast and measure over the liner you are fitting with.

CLINICIAN: _____ **PATIENT ID/NAME:** _____

PREFERRED METHOD OF CONTACT: CELL TEXT EMAIL MICROSOFT TEAMS _____

CHECK SOCKET

MATERIAL

- Vivak (PETG) Copolymer Orfitrans Stiff
- Other _____

LOCKS

- N/A Cylindrical Kiss Plate Coyote
- Fillauer Original Shuttle (w/plate) Summit
- 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 _____

DEFINITIVE SOCKET

SOCKET INSERT/LINER

Custom Socket Insert

- N/A Bocklite Pelite Multiduumeter 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/ALIGNMENT

Lamination

- Single Double > V1 V2 V3
- Carbon Finish Pigmented/Fabric Finish Supplier/Color _____ / _____

Alignment

- Transfer Alignment and Neutral Components
- Transfer Alignment and Leave AS IS
- Correct Alignment and Follow Alignment Lines
- Correct Alignment by:
- Flex _____ Adduct _____ Inset Socket _____
- Extend _____ Abduct _____ Outset Socket _____

LOCKS

- N/A Cylindrical Kiss Plate Coyote
- Fillauer Original Shuttle (w/plate) Summit Other _____

VALVES/VACUUM

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

NOTES _____

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).