



Silicone Socket (*Socket Only)

*(For additional fab, complete the corresponding work order)

WORK ORDER #:
(LAB USE ONLY)

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 #: _____ **EMAIL:** _____

PATIENT ID: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

MALE FEMALE

LEFT RIGHT BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: ANAHEIM ORLANDO PHOENIX

PATIENT DESIGN OPTIONS

COMPONENTS TO BE ORDERED BY: PCC HFN

LEVEL

PH WD TR ED TH SD

Other: _____

SYSTEM TYPE

Passive Body Powered External Powered

SOCKET

Test Socket Definitive

COLOR

Custom Color _____

Match Lamination or Glove:

Otto Bock # _____ Fillauer # _____

Steeper # _____ Regal # _____

Other _____

ANCHORS

No Yes Qty: _____

DESIGN VARIATIONS

3/4 Noodle Prepreg Carbon

Internal Flap/Ring Fiberglass Frame

Pull Tube Vivak Frame

Gel Pads Valve, Type _____

ADDITIONS

Axilla Pad

Chest Pad _____

Shoulder Saddle _____

Notes: _____