



## 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:** \_\_\_\_\_