

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: ☐ LEFT ☐ RIGHT ☐ BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

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

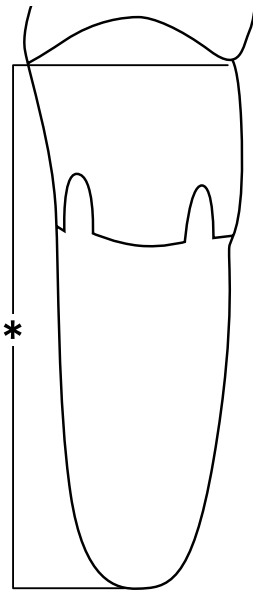
HFN: ☐ PHOENIX ☐ ORLANDO ☐ KANSAS ☐ CHICAGO ☐ ANAHEIM ☐ HOUSTON ☐ CROMWELL ☐ OTHER _____

CAD MEASUREMENTS

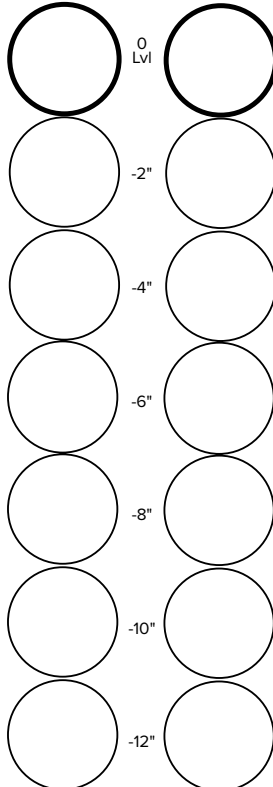
If a Discrepancy Exists, Go By ☐ Impression ☐ Measurements

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 ZERO Level to patella tendon to distal end


Left
Right

SCAN TYPE: ☐ Mod. Positive Model ☐ Unmod. Positive Model

☐ Other _____

☐ Clinician Premodified

☐ Use Previous Model > Provide Date or CDC Order # _____

REDUCTIONS

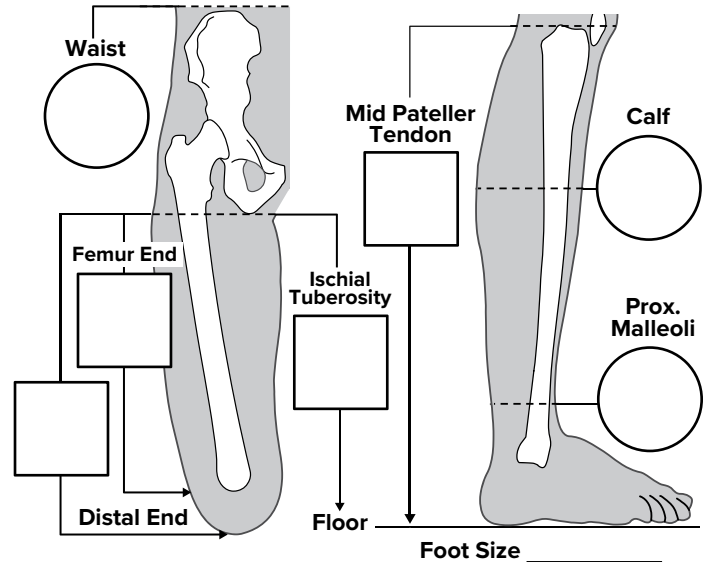
☐ **CDC Standard Reduction** (based on liner/tissue type)

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%

ALIGNMENT

Flexion _____ **Adduction** _____ **Abduction** _____

FAB DESIGN


Activity Level: ☐ K1 ☐ K2 ☐ K3 ☐ K4

RESIDUAL LIMB CIRCUMFERENCES

☐ Skin ☐ Liner ☐ Thickness

MPT _____ **1"** _____ **2"** _____ **3"** _____

4" _____ **5"** _____ **6"** _____ **7"** _____

8" _____ **9"** _____ **10"** _____ **11"** _____

Liner Type: _____ **Size:** _____

Sleeve Type: _____ **Size:** _____

Measured with Distraction: ☐ Yes ☐ No

Tissue Type: ☐ Soft ☐ Medium ☐ Firm

ISCHIAL LEVEL MEASUREMENTS

Skeletal ML _____ **Soft ML** _____

Medial AP _____ **Lateral AP** _____

COVER MEASUREMENTS (Contralateral Limb)

AP _____ **ML** _____ **PML** _____

CLINICIAN: _____ PATIENT ID/NAME: _____

PREFERRED METHOD OF CONTACT ☐ CELL ☐ TEXT ☐ EMAIL ☐ MICROSOFT TEAMS _____

DESIGN

Submitted Model ☐ Check Socket (Needs Modification Prior to Finishing)☐ Check Socket (Complete and Ready for Finishing)☐ Flexible Inner Socket with Temporary Frame☐ Modified Cast ☐ Laminated Socket (Ready for Finishing)**Procedures:** ☐ Transfer ☐ Neutralize Components (Except For Distal AP)☐ Provide an Additional Check Socket ☐ Flexible Inner Socket☐ Other _____**More Procedures:** ☐ Temporary Frame ☐ First Lamination☐ Complete Lamination ☐ Re-use Existing Components☐ Cover and Finishing ☐ Other _____

SOCKET

Flexible Inner Plastic: ☐ MPE ☐ Northvane ☐ Northvane Black☐ Proflex ☐ Proflex w/Silicone ☐ N/A ☐ Other _____**Vacuum Forming Method:** ☐ Blister ☐ Drape**Flexible Inner Plastic Thickness:** ☐ 1/8" ☐ 1/4" ☐ 1/2" ☐ 3/16"☐ 3/8" ☐ Other _____**Posterior Dacron Strip:** ☐ Yes ☐ No

INSERT

Custom Insert Material: ☐ Bocklite ☐ Pelite ☐ N/A☐ Other _____**Add Ons:** ☐ Stove Pipe ☐ Pull Straps ☐ N/A☐ Other _____**End Pad Material:** ☐ Plastazote ☐ Aliplast ☐ N/A☐ Other _____

SUSPENSION

Shuttle Lock: ☐ Cylindrical 4 Hole ☐ Original Fillauer ☐ Coyote☐ Clutch Lock ☐ N/A ☐ Other _____**Suction Valve:** ☐ Green Dot ☐ Lyn Valve ☐ Lyn Slide ☐ N/A☐ Other _____**Elevated Vacuum:** ☐ Unity Vlave ☐ 90° Barb ☐ N/A☐ Other _____**Lanyard:** ☐ Pull Strap ☐ Kiss Puck (4-Hole) ☐ Kiss Puck (non 4-Hole)☐ Nylon Tension Buckle ☐ Metal Cam Buckle ☐ Metal Rod Distally☐ Other _____**Suspension:** ☐ Silesian Belt ☐ Pelvic Belt ☐ Hip Joint☐ Other _____

NOTES _____

COMPONENTS

Support Structure☐ Endoskeletal ☐ Exoskeletal ☐ N/A**Componentry**☐ Temporary ☐ Definitive ☐ N/A**Comp. Material**☐ Aluminum ☐ Stainless Steel ☐ Titanium ☐ N/A**Pylon Diameter**☐ 34 mm ☐ 30 mm ☐ 22 mm ☐ N/A**Knee Type:** _____ **Foot Type:** _____**Other Components:** _____**Attachement Shape:** ☐ Male ☐ Female ☐ N/A**Attachement Rotation:** ☐ Fixed ☐ Rotating ☐ N/A

FINISHING

Resin: ☐ Polyester ☐ Epoxy ☐ Acrylic ☐ N/A☐ Other _____**Ultralight Weight Design:** ☐ Yes ☐ No**Lamination Color**

Ottobock (1-18) _____ Prosthetic Research Specialists (1-18) _____

Kingsley _____

Frame Options☐ Anterior Window ☐ Posterior Window with Proximal Dacron Strip☐ Trimmed 1 cm Below Flexible Socket's Proximal Trim☐ Socket Left Solid - Practitioner Will Frame Out☐ Flexible Socket Left Long - Practitioner Will Trim☐ Flexible Socket Rolled Over Frame Proximally☐ Flexible Socket Trimmed to Trimlines ☐ Other _____

SETUP/ALIGNMENT

Cover: ☐ Bock Soft ☐ Bock Firm ☐ Ohio Willow Wood (OWW) ☐ N/A☐ Other _____**Fairing:** ☐ Lam. Shell ☐ Poly. Shell ☐ Stock. Reinforcement ☐ N/A☐ Other _____**Cover Process:** ☐ Rough Shape (25 mm/1" Over Measurements)☐ Shape to Measurements ☐ Shape to Scan☐ Other _____**Cover Finish:** ☐ Apply Nylons ☐ Apply Flexible Outer Covering☐ Adhere & Trim Flexible Outer Covering☐ Other _____

TURNAROUND TIMES

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

ORD0XX RevNC 1/24