

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: _____

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

DIAGNOSIS: _____

AFFECTED SIDE (Check One):
 LEFT RIGHT or BILATERAL: SYMMETRICAL YES NO

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

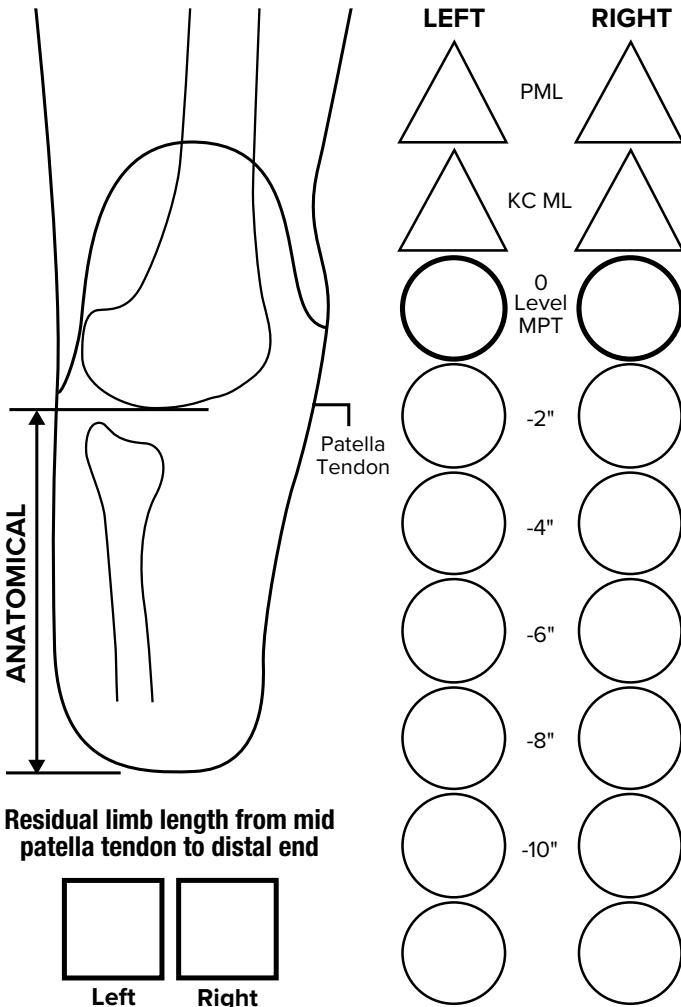
IN-OFFICE REQUEST DATE & TIME: _____

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

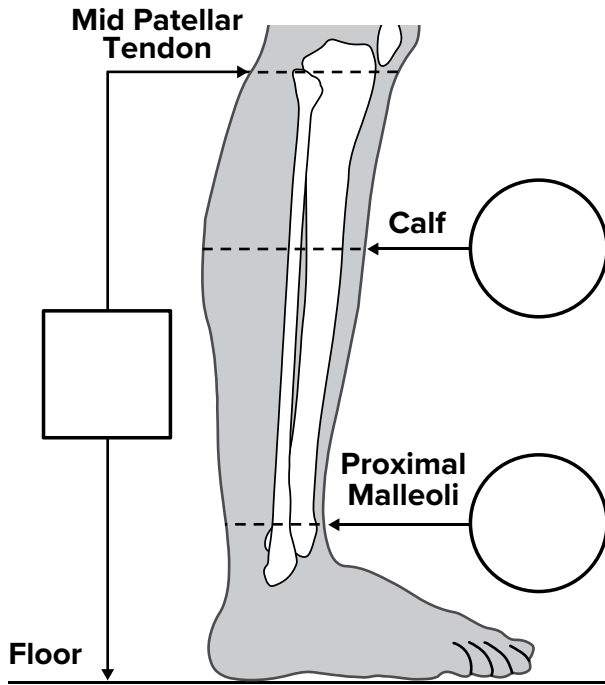
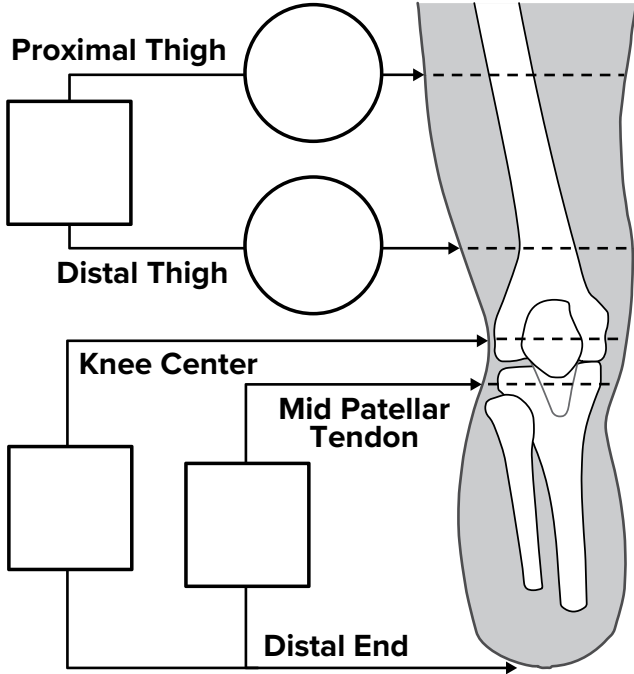
None W Back Straight Diagonal

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 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: 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