

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: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

DIAGNOSIS: _____

AFFECTED SIDE (Check One):

LEFT RIGHT or BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

HFN: PHOENIX ORLANDO KANSAS CHICAGO ANAHEIM HOUSTON CROMWELL OTHER _____

MEASUREMENTS (REQUIRED)

DESIRED BRIM STYLE *Suction (Seal-In) Available

2020 Carroll Quad 2020 ComfortFlex* 2020 ComfortFlex Mature*

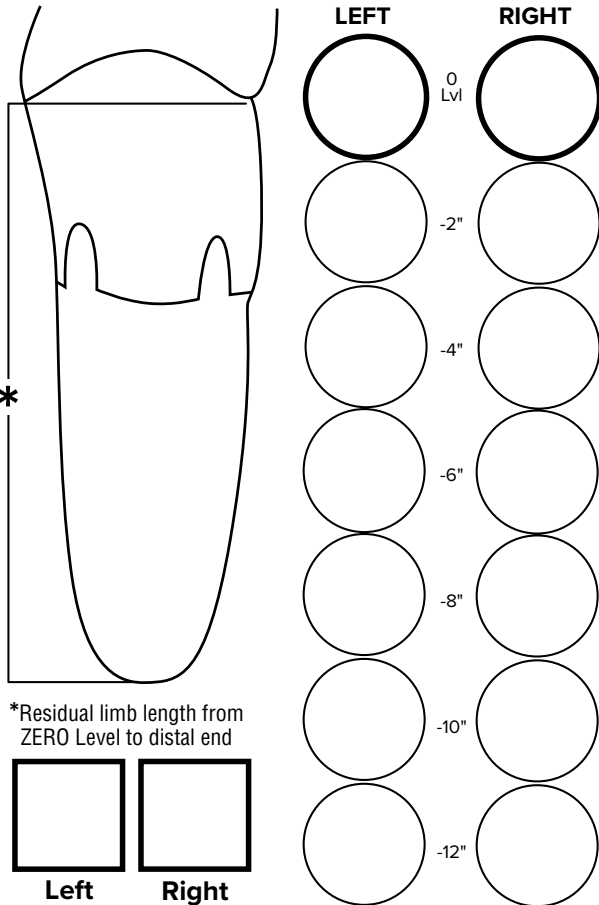
2020 IPOC IC* 2020 Narrow ML* 2020 Soft Quad* CNC

Mild IPOS IC* Modified Quad Other Brim _____

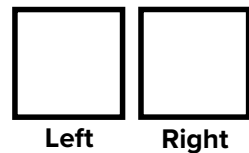
Suction (Seal-In) Design (Check if Ordering)

Zero Reference Point – Perineum† Ischium **† Perineum must be used for all 2020 brimstyles**

MEASUREMENTS: IN CM



*Residual limb length from ZERO Level to distal end



ADDITIONAL LENGTH: Left _____ Right _____

KNEE DISARTICULATION: Left Right

ALIGNMENT

Flexion _____ Adduction _____ Abduction _____

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

Clinician Premodified

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%

FABRICATION

DEVICE TYPE

Carving Only File Conversion

Check Socket Only Check Socket & Carving

MATERIAL TYPE: Vivak Durplex Other _____

SHAPE DISTAL END TO ACCEPT

Endolite USMC Otto Bock 4 Hole Grace Plate/Seattle 4 Hole

Other _____

INSTALLS

Valve Type _____

Distal Attachment Type _____

Shuttle Lock Type _____

NOTES